

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



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29 March 1997

PRS parleys to make Health Plus pay

PSNC angered by offer of 2pc on global sum

IT report calls for more funding and policy unit

Rhona Panton in the guest editor's chair

Politicians outline pharmacy manifestos



Pitfalls and profits in photographic market

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dental hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Less commonly gastro-intestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular inco-ordination, jaundice, cardiovascular disturbances, chest tightness, blood dyscrasias, allergic reactions, dizziness and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Retail selling price (inc. VAT):** Piriton Allergy Tablets 30 £2.19, Piriton Syrup 150ml £2.75. **Legal Category:** P. **Product licence numbers:** 0036/0088 (Piriton Syrup) 0036/0091 (Piriton Allergy Tablets). **Product licence holder:** Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts, AL7 3SP. **Date of preparation:** March 1997. DO3314

The phoney war is at last over with an election date of May 1. This week in *C&D* the health spokesmen from the three main parties address – and evade – some key issues of interest to community pharmacists. Both the Liberal Democrats and Labour promise a review of prescription charges and, in opposing the abolition of Resale Price Maintenance on medicines, demonstrate an understanding of the important role that the network of community pharmacies plays in the health of the nation. Both parties also pick up on the issue of mail order pharmacy, but while Labour speaks of the importance of patient contact, the Liberal Democrats see it as an extension of home delivery services. There is certainly no hint from the Tories of deviation from the party line that has so frustrated contractors during their period of office. There is an indication, though, that mandatory training will be a prerequisite for any new services introduced under the new Primary Care Bill. All three parties carefully steered clear of the fundamental question of remuneration and the structure of the contract, which in linking income to script volume impedes the development of new non-dispensing services. As with many things political, it is the things that are left unsaid that are the most revealing.

There is no missing the fact that once again the DoH is attempting to ignore the realities of pharmacy remuneration. A repeat of the same old formula, seeking to tighten the productivity screw even further, alongside what is effectively a pay cut, is not acceptable. PSNC must not settle for anything which does not provide a real increase in income. While the future offers opportunities as it has not done for many years, the Government seems determined that pharmacy will be left in too poor a shape to take advantage of them.

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Editor Patrick Grice, MRPharmS

Assistant Editor Maria Murray, MRPharmS

Technical Editor Fawz Farhan, MRPharmS

Business Editor Guy LAimable, BA

Contributing Editor Adrienne de Mont MRPharmS

Reporters Charles Gladwin MRPharmS, John Plant MRPharmS

Art Editor Tony Lamb

Production Editor Vanessa Townsend, BA

Price List Colin Simpson (Controller)
Darren Larkin, Maria Locke

Group Advertisement Manager

Julian de Bruxelles

Group Advertisement Executives

Jonathan Bill, Nick Fisher

Production Katrina Avery

Associate Publisher John Skelton

Group Sales Director Ian Gerrard

Publishing Director Roger Murphy

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Telex: 95132 MILFRE G
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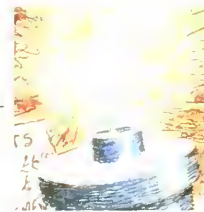
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REGULARS

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PRS unveils revamped Health Plus system

Practice Resource Systems has over 30 manufacturers ready to pay counselling fees to pharmacists using its electronic prescription transfer system, Health Plus.

The company is also confident that concerns over matters of data security have been addressed, and will satisfy Department of Health requirements.

In a presentation at the company's head office in High Wycombe, Buckinghamshire, on Monday, PRS managing director Gary Noon outlined the progress it has made since news of Health Plus was first aired in *C&D* last October.

Negotiations with manufacturers to pay between £2 and £5 for pharmacist counselling will allow PRS to offer Health Plus at prices similar to other pharmacy computer systems. The service could essentially be free in one proposed deal – pharmacists would have free connection, but PRS would keep counselling fees.

However, Mr Noon believes that income from counselling could generate new money for pharmacy, and as a result would expect outlets to buy the system and keep counselling fees. He anticipates Health Plus could pay for itself with about 15 counsellings per month.

PRS has already got 150 GPs ready to sign contracts once approval is obtained. Wiltshire Health Authority has been approached with a view to full beta testing.

Mr Noon says that discussions held with the DoH since January have been very constructive. With two-fifths of the system devoted to encryption, the company says it offers encryption codes at a level higher than that already used in the NHS.

The system uses ISDN lines to connect pharmacies and surgeries with the central processor in Runcorn, Cheshire. Only pharmacists and GPs have encryption keys: patient- or GP-identifiable information is not kept there. Consolidated patient drug records are only available to the pharmacy nominated by the patient.

"We have no use for the database," says Mr Noon. "We would be happy for the Royal Pharmaceutical Society or the National Pharmaceutical Association to take control. We would just manage it for them." Although he could

envision responding to requests from the DoH, he stated that information would not be passed on to commercial bodies, including those supporting the venture.

Patients will retain the right to have their prescription dispensed at a pharmacy of their choice. They will register there, rather than the surgery, and will be able to change at any time.

The system also allows full audit trails at all points of the prescribing and dispensing processes. Unique bar codes on each prescription, patient registration card and bag label, as well as on manufacturers' bar codes on packaging, are used to cross-check and record information.

NHS Executive spokesman Ross Langford says the NHSE is in ongoing discussions with PRS. "We recognise PRS is anxious to tackle our concerns and has moved a very long way towards answering them, but there are some issues that remain." He also stresses that the advice from NHSE against entering contracts over electronic data transfer systems is still extant.

However, Mr Langford added that NHSE is considering a proposal to allow technical trials.

PRS has undertaken that any confidential data will not be sold or supplied in any anonymous or aggregated form. It will also be publishing interface codes allowing other companies to develop compatible systems.

The Pharmaceutical Services Negotiating Committee will be considering these two proposals and three others from PRS at its next meeting in April. PSNC general secretary Stephen Axon acknowledges that the company has responded to concerns, saying of the changes: "They do meet some of the objections. PRS has addressed a lot of important issues."

No endorsement is likely from any single group. "My feeling is that PSNC would wish to move with the other professional bodies," says Mr Axon. A meeting of pharmaceutical interested parties takes place after the April PSNC gathering, so it is more likely that a Committee decision would not be made until May.

After discussing Health Plus at the NPA Board meeting this week, director John D'Arcy agrees that PRS has changed sig-

The mechanics of Health Plus and Scrip Manager, the GP side of the system, are based around scanning technology and ISDN links.

ISDN allows real time communication between surgeries, pharmacies and the central data bank in Runcorn. Equipment in the periphery is standard. Passwords allow entry at different status levels. This means that surgery receptionists are not able to amend prescriptions generated by the doctor, and dispensers cannot continue dispensing a prescription without the pharmacist intervening if there is a problem.

Each prescription is given a unique bar code, and patients identity cards will have the same. Manufacturer bar codes are used to check that the right item is dispensed, or to see if there are any interactions or cautions that need to be taken into account by the pharmacist, dispenser or counter assistant.

The audit trail allows for checks, such as preventing a script being sent electronically to the pharmacy until a hard copy has been printed, or that a prescription has been presented at the pharmacy by the patient before allowing the medicine to be handed out.

It also provides a stock control facility and allows reports to be generated.

nificantly, but says: "We still have concerns, including on the professional side, but we will continue to talk."

PRS has visited over 800 pharmacists, and initial hostility to the system has turned to interest in most cases, says Mr Noon. Health Plus has also been demonstrated to several schools of pharmacy. However, Mr Noon was reluctant to name the commercial groups the company has met with, but says they include the large multiple pharmacy groups, as well as wholesalers.

PRS believes that its system will contribute significantly to improving compliance figures and says one school of pharmacy is discussing the possibility of monitoring compliance outcome with Health Plus.

Action over sale of Chinese 'remedies'

A London pharmacy last week became the first in Britain to face disciplinary action over the sale of Chinese 'remedies' containing parts of endangered animals.

Watson Trading Co (London), which runs a pharmacy in Frith Street, Soho, was one of many premises raided by police in London, Manchester, Birmingham and Liverpool in a major crackdown on the sale of such items.

Josselyn Hill, solicitor to the Royal Pharmaceutical Society, told its Statutory Committee the 'swoop' on the shop on February 7, 1995, revealed goods purporting to contain ingredients from black bears, tigers and others animals in danger of extinction.

As a result of the raid, a director of the company, Charles Yeung, appeared at Bow Street Magistrates Court on September 6, 1995, on six charges of contravening the EU regulations on the Control of Trade in Endangered Species (Enforcement) Regulation of 1985. He pleaded guilty and was fined £500 on each charge, with costs of £100.

David Yat Tong Lee of Kenton, Middlesex, the pharmacy's former superintendent, who faced charges of unbefitting conduct, did not appear at the Statutory Committee hearing and the case was heard in his absence.

The company also faced a separate charge that false information about the pharmacist on duty on May 6, 1995, was given to Society inspector Janet Edgington.

Committee chairman Gary Flather QC warned that pharmacists face almost certain striking-off if they continue in the "foul and reprehensible" trade in medicines containing endangered animal parts. The Committee issued a strict reprimand to the Watson Trading Co.

In deciding not to ban the pharmacy from trading, the Committee took into account the fact that this had been the first prosecution of its kind and Mr Yeung's claim – which it accepted – that he had not known the goods on offer were illegal.

The Committee also found the former superintendent pharmacist of the Watson Trading Co's pharmacy, Mr Lee, guilty of unbefitting conduct.

Miss Edgington had given evidence that she recognised that a young man on the premises during her visit, and from whom she had asked for a certificate, was not the man she had previously met.

Mr Lee, as the superintendent, was responsible for ensuring that there was a pharmacist on the premises at all times.

DoH offers PSNC 2pc on global sum

The Department of Health has offered pharmacy contractors in England and Wales an increase of 2 per cent in the global sum, bringing it to \$706.6 million. The offer, delivered last week, comes after a bid from the Pharmaceutical Services Negotiating Committee for a 4.5 per cent increase in dispensing income per script.

PSNC chairman Wally Dove says he is "deeply disappointed and angered" by the Department's opening offer, and that "a 2 per cent increase in the global sum would be an unacceptable slap in the face". A formal

response has been sent to the DoH, but, with the election campaign now under way, any further progress is unlikely until a new Government is in place.

"It is no good the Department trying to ignore the facts we put to them in our claim letter," says Mr Dove. He points out that dispensing doctors are to receive a 4.5 per cent increase, based on no increase in prescription volume. "In percentage terms, the offer made to pharmacists is less than a third of that awarded to dispensing doctors."

The DoH offer is conditional on

PSNC co-operating in talks on a move of the delivery of domiciliary oxygen, and the provision of advice to residential and nursing homes to "a directed service within a local cash limit, while remaining within the global sum".

PSNC understands this to mean that the DoH wants to move away from indicative budgets for services negotiated with health authorities, replacing them with a defined amount of money devolved from the global sum. Steve Axon, PSNC's general secretary, has given a cautious welcome to this proposal.

Misuse of Drugs changes proposed by Home Office

The Home Office is proposing to transfer flunitrazepam from Schedule 4 of the Misuse of Drugs Regulations 1985 to Schedule 3.

It is also proposing that six substances (aminorex, brotizolam, cetryptamine, mesocarb, methcathinone and zipeprol) be brought under control of the Misuse of Drugs Act 1971.

In its letter DDA/97 2/66/L, dated March 20, the Home Office says that the change in status of flunitrazepam will bring it under

safe custody requirements.

The other drugs listed will all come under Schedule 2 of the Misuse of Drugs Act, as follows:

- Schedule 2 Part I (class A) – cetryptamine
- Schedule 2 Part II (class B) – methcathinone, zipeprol
- Schedule 2 Part III (class C) – aminorex, brotizolam, mesocarb.

Under the Misuse of Drugs Regulations 1985, the schedules will be:

- Schedule 1 – cetryptamine,

methcathinone

- Schedule 2 – zipeprol
- Schedule 3 – flunitrazepam
- Schedule 4 Part II – aminorex, brotizolam, mesocarb.

Comments should be sent to Sue Mitchell, Action Against Drugs Unit, Room 213, Home Office, Queen Anne's Gate, London SW1H 9AT by April 25.

The Department of Health and Social Services for Northern Ireland will be considering similar changes.

Times focuses spotlight on Britain's 'over the counter culture'

An article on "the worrying symptoms of Britain's over the counter culture" appeared in *The Times Magazine* last Saturday.

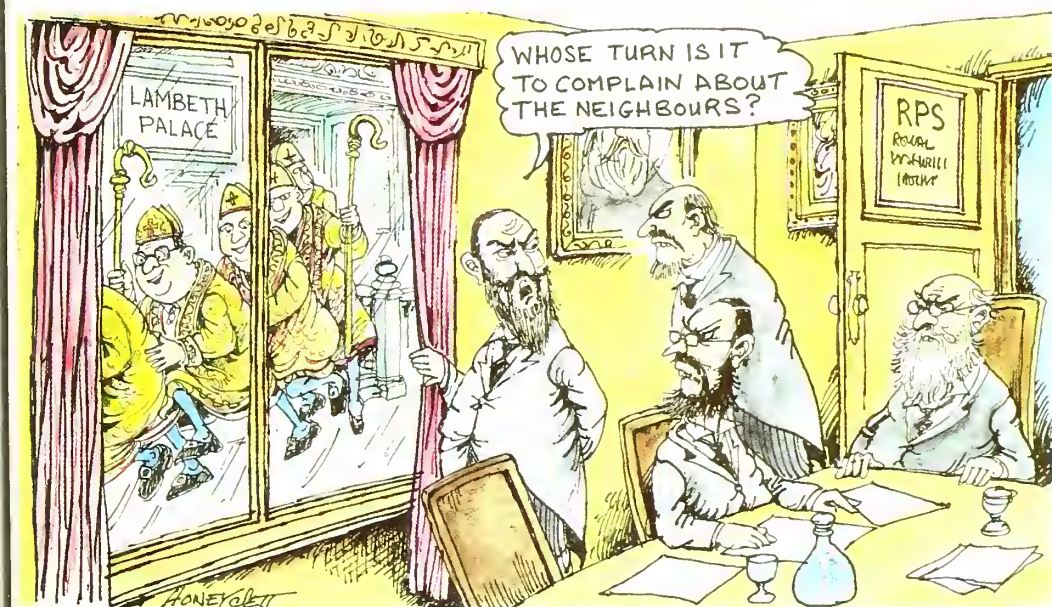
The feature, written by Richard Girling, considers the rise in the number of deregulated medicines becoming available OTC. Mr Girling also discusses

the Consumers' Association's investigations into pharmacy protocols published in *Which?* in January, 1996.

The Royal Pharmaceutical Society, the British Medical Association and the Patients Association are described as strong advocates for the trend in deregulation,

but reliance on patient information leaflets is questioned.

Concern over OTC medicines legitimising psychosomatic symptoms in some patients is expressed by Robert Peveler, senior lecturer in psychological medicine at the University of Southampton.



"The RPSGB, from its almost perversely ugly headquarters in Lambeth, south London, is an old-fashioned, strait-laced professional organisation which could give lessons in sobriety to its neighbour, Lambeth Palace. It oozes the kind of conservatism, respectability and concern which seem incomplete without a boardroom full of Victorian beards ... The RPSGB's Code of Ethics is elastic only in the sense that it keeps on getting longer. Its language is unyieldingly sober." From Richard Girling's article in the *Times Magazine*, March 22

Scottish stats

There were 4,696,526 prescriptions dispensed in Scotland in December, 1996, at a gross cost of £45.50 million and a cost to the exchequer of £42.92m. The ingredient cost per prescription was 817.21p. The net total cost was 903.52p (958.58p gross).

Approved names

The British Pharmacopoeia Commission has published British Approved Names 1994 supplement no 4 (ISBN 0113218710), effective from March 20, 1997. It is available from the Stationery Office.

Third resource pack

The Royal Pharmaceutical Society has issued its third resource pack, 'Marketing Community Pharmacy'. It gives advice on promoting pharmacy to other health professionals and how to market non-core professional services. Copies of the pack have been sent to Branch secretaries. Further copies at £5 each may be obtained from the practice division, tel: 0171 735 9141.

Pets and health

A document on companion animals (pets) and the role of the animal health industry has been published by the European Federation of Animal Health. It stresses the importance of maintaining the health of pets and looks at animal medicines, including vaccines and anti-parasitics. Free copies are available from FEDESA or the National Office of Animal Health, tel: 0181 367 3131.

Cancer Net

OncoWeb, an interactive Internet site, has been set up by the European School of Oncology. Founded jointly with Amgen, British Biotech and Janssen-Cilag, the site will provide educational programmes on-line and a centralised link to cancer-related sites. Its address is <http://www.oncoweb.com>.

Aromatherapy booklet

The Aromatherapy Trade Council has issued a general information booklet, outlining the aims of the ATC, membership details and a list of members, and its code of practice. It has also provided definitions for Trading Standards of aromatherapy terms. The booklet may be obtained by sending an SAE to ATC, Box 52, Market Harborough, Leicestershire LE16 8ZX.

Welsh stats

Prescriptions dispensed in Wales in the year to September, 1996, rose to 36.7 million, according to the 'NHS Wales: Quarterly Statistics, March, 1997' report published by the Welsh Office. This was 13 per cent higher than the figure for the year to September, 1992. Over the same period, the number of items prescribed generically has risen from 42 per cent to 54 per cent of the total dispensed.

NI script charges

NHS prescription charges in Northern Ireland go up from £5.50 to £5.65 for a single item from April 1. The new prices for other items are also the same as for England and Wales (see last week, p6). The changes are made under the NHS (Charges for Drugs and Appliances) (Amendment) Regulations (Northern Ireland) 1997 (SI No 125; Stationery Office, £1.10).

More work for GPs?

Scottish GPs are worried that the cut in local pharmacists' fees for serial dispensing will lead to an increased workload. This week's *GP* says that if pharmacists stop serial dispensing, GPs will have to see patients more regularly to provide new prescriptions. Dr Robin Smith of Tayside is quoted as saying that the doctors understand pharmacists' problems "but they can't stop providing this service, otherwise we will have to prescribe weekly for patients who have problems taking prescribed medication".

Devices fees up

The Medical Devices Fees (Amendment) Regulations 1997 (SI No 694; £0.65) increase the fees payable for clinical investigations, applications for designation as a notified body and for inspection of premises with effect from April 1.

More for milks

People entitled to welfare milk will have to pay more from April 7. The Welfare Food (Amendment) Regulations 1997 (SI No 857; £0.65) increase the price payable for dried milk from £3.65 to £3.75 for 900g per week.

Animal feed stuffs

Fees for inclusion in the Register of Manufacturers of Medicated Animal Feeding Stuffs go up on April 1.

IT report calls for funding

More money needs to be provided for developing pharmacy information technology, concludes a new report. Progress is being hindered and, without additional resources, implementing IT strategies as part of the Pharmacy in a New Age initiative will be limited.

The report, 'An Information Management Strategy for Pharmacy', has been issued by the IT focus group set up by the Royal Pharmaceutical Society in response to PIANA. The focus group, whose remit was outlined in the New Horizon document published last September, was chaired by the Society's vice president, Peter Curphey.

Among 27 recommendations are calls for a strengthening of the Code of Ethics to maintain confidentiality of patient information, the setting up of a permanent IT management policy unit and approaching Government or other bodies for funding.

"The primary aim is to move towards a situation where practising pharmacists are able to use IT in the interests of patients in all aspects of medicines management," says the report. Additionally, the group wishes to ensure that all pharmacists, wherever they are practising, are encouraged to take advantage of devel-

opments in IT to enhance their professional practice.

Pharmacist access to full clinical records on a need to know basis is seen as fundamental to the future development of the profession. Confidentiality of patient information may be a barrier to the long-term aim of linking pharmacies via the NHS-net.

To overcome these problems, the focus group recommends:

- holding discussions with other health professionals
- considering the introduction of electronic patient-controlled records
- introducing guidelines on the security of electronically-held patient information
- building patient confidence via a marketing plan promoting the benefits of such a system.

As a short-term measure, the report recommends that the current wording of Obligation 4.4 of the Code of Ethics be amended by the insertion of the word 'adequate' before the term 'access control systems'.

Head of practice at the Society Roger Odd says that, although the Society's Council has approved the report and recommendations of the focus group, it is not yet Council policy. However, the Society has proposed that money be put forward.

Research into the state of IT in pharmacy at present, and what the anticipated demands will be as IT develops, is seen as a priority. As such, the report recommends the establishment of a permanent working group of IT experts to identify new developments in IT and prepare briefing documents for pharmacists on developments in IT systems. Other recommendations include:

- issuing guidance on the implications of accepting funding from commercial sources
- that a system be implemented for monitoring the collection of prescribing data from pharmacists by computer suppliers for commercial purposes
- that the ethics committee give further consideration to the ethical implications of the collection of data from pharmacies on dispensing activity.

Appendices include: a policy statement on information security; minimum requirements for pharmacy computer systems; an overview of some of the technical aspects of pharmacy systems; and an IT glossary.

The document will be made available in April from the Society. Any comments on the report will be welcomed and should be sent to Mr Odd or Janet Flint who acted as secretaries to the group.

Pharmacists wanted

Leeds University School of Healthcare studies is looking for a project pharmacist to co-ordinate a study on how community pharmacists can help patients comply with medication.

The joint study with Leeds Health Authority is also recruiting five community pharmacists to identify patients most at risk of non-adherence, visit them in at home and draw up action plans.

The Department of Health is providing about \$46,000 to pay for the pharmacists, plus a further sum for statisticians to evaluate the findings. The post of project pharmacist is part-time for one year and carries a salary of \$17,606-27,985 per annum pro rata. The ideal candidate will have community pharmacy experience and good clinical skills to help review medication. Training experience would be useful.

Pharmacies taking part would ideally come from different demographic areas and use different PMR systems. Each would recruit about 30 patients who would be interviewed at the end of the study by the pharmacist.

More opportunities in healthcare planning

Pharmacists have a greater opportunity to influence the future of healthcare than ever before, said Slough locality commissioner Brian Mackness from Berkshire Health Authority.

In a speech to the Reading branch of the RPSGB, he explained how the emphasis on devolving power into individual health authority localities puts pharmacists on the brink of a new era of healthcare planning.

New NPA course

The National Pharmaceutical Association is sponsoring a new postgraduate distance learning course for community pharmacists at the University of Brighton.

Starting in 1998, the course will be designed to increase the confidence in clinical knowledge through a combination of theory and structured practice experience. The course will have a residential component, which will limit the number of places, so first priority will be given to NPA members and their employees.

In this issue

Professor Rhona Panton, head of the Department of Medicines Management at Keele University, is our first guest editor of 1997. She brings together three differing viewpoints on community pharmacy (pp18-23). Colin Bradley, a GP lecturer from Birmingham University, takes the doctor's perspective; while David Dickinson, editor of *Which? Way to Health*, offers a consumer's view. Alison Blenkinsopp from Keele and the National Pharmaceutical Association's Georgina Craig look at how pharmacists are rising to the challenges of primary care as the millennium approaches.

Those fed up with the mud-slinging of the 1997 election can see what the respective political parties might have in store for pharmacy should they come to power in our 'Pharmacy Manifesto' on pp32-34.

PIANA moves to next phase in April

The Pharmacy in a New Age initiative enters a new phase on April 7.

The Royal Pharmaceutical Society's Council is to meet the King's Fund Centre in London to agree a strategic framework for taking forward the 'New Horizon' proposals.

The 'away day' will be facilitated by Professor Morton Warner and Marcus Longley of the Welsh Institute of Health and Social Care at the University of Glamorgan.

The Society's president, Ian Caldwell, comments that the 22 specific commitments for 1997 laid down in the 'New Horizon' document's agenda for action have made good progress. The following are some imminent events.

- Council has met other pharmaceutical organisations to establish common agendas for the future. The discussion is now being widened to both patients and consumer groups, starting with a meeting on May 13 to establish what they expect of pharmacists and how they would like to see services develop in the future.

- The terms of reference of the working party on rational distribution of pharmacies have been widened, and has resulted in a delay in the publication of a report which will be issued for wider consultation as soon as possible.

- A report on shared learning is being prepared for publication as well.

- An internal review of the Council's working methods is in progress.

- A draft report of the review of communications with pharmacy schools and the student body will be considered by the Council at its April meeting.

- An information briefing for consumers and local media on the value of pharmacies for rural communities will be published in April, together with new independent consumer research on the issue.

A newsletter outlining the progress so far is to be circulated to the Society's branches and regions in April.

The branches are being encouraged to make use of the network of local volunteer PIANA co-ordinators to help facilitate meetings at which pharmacists can debate various issues.



Getting the best out of the budget

As the date for the general election approaches, the subject of health and the overall costs of the National Health Service will increasingly dominate the political agenda. However, no amount of nifty semantics can hide the naked truth that the pressures for more spending remain inexorable compared with the limited availability of resources.

As an example, Biogen has just launched Avonex, a new tool in the fight against multiple sclerosis (*C&D* March 22). This condition is reported to affect over 80,000 people in the UK, but how many of these could benefit from Avonex is unclear. If a conservative 10 per cent could show benefit, the annual cost to the NHS would be £300 million. This is a huge amount of money for a single drug treatment, and once again raises the problem of using limited resources for possible minority benefit.

Demand exceeding the ability to supply is a problem that afflicts the whole of the NHS. In the future, and whatever the colour of Government, open chequebook healthcare will still remain an untenable option. Prioritising of

Topical Reflections

resources will become an accepted part of the health scene and despite my passionate belief in the welfare state, the only long-term solution can be a partnership between public and private service provision.

How this is organised remains a nightmare for the next administration, but ideology cannot be allowed to hold sway over essential change. The most difficult will be the necessary re-education of public attitudes away from total dependence on the NHS and towards assuming responsibility for their own health when dealing with minor problems. These presently and unnecessarily swamp the NHS, but could be so easily dealt with through community pharmacies.

Constructive suggestions must be listened to. Perhaps a first step would be a broadening of the prescription charge base to all patients in order to encourage the alternative of first seeking the pharmacists advice? This consultation may involve the purchasing of OTC medication, but its virtue is that it is easily available without appointment and without charge on both customer and the state.

Corporate pride before all else?

The latest line in medicines repackaging has now established its confusion on my dispensary shelves. Despite the pretty colours, I am not amused by Smithkline Beecham's attempt at modernising the packaging for Seroxat. But to be fair, SB is not alone: almost every other

ethical manufacturer suffers the same tunnel vision.

They might think their highest priority is to establish a universal corporate identity, but I think it is more important that the patient is not inadvertently either dispensed the wrong strength or, even more dangerously, the wrong medicine.

Corporate identity can easily be established by means of a logo which does not compromise company pride but which does allow different drugs and strengths to be distinguished by even the most short-sighted of pharmacists. I realise that there is no excuse for not double-checking every prescription, but it hardly makes my life easier when I have to examine every pack to ensure it is the one I want!

Problems with head lice

The head lice problem in my area has now almost reached epidemic proportions and none of the common insecticides seems to be having any effect. It may be pure coincidence, but this situation only seems to have arisen since carbaryl was made a Prescription only medicine and all the doctors now refuse to prescribe it.

The alternative is a succession of treatments by 'less dangerous' but apparently less effective drugs. However, the next question must be whether it is more dangerous to treat occasionally with an insecticide that is potentially dangerous but effective, or continuously with a succession of drugs which can never be declared totally safe, and might have dangerous cumulative effects without containing the outbreak.

SCRIPTspecials

Once daily therapy for Parkinson's

Cabaser tablets (cabergoline) are the first once-daily dopamine agonists for Parkinson's disease.

Cabergoline is a dopaminergic ergoline derivative with potent and long-lasting dopamine D2 receptor agonist properties. Its once-daily dose reduces the number of tablets patients have to take, aiding compliance. In addition, its extended duration of action means less of the 'on-off' periods associated with levodopa. The effects of cabergoline have been shown to persist as much as 48 hours after the last dose.

It is indicated for the treatment of symptoms of Parkinson's as adjuvant therapy to levodopa plus dopa-decarboxylase inhibitor in patients affected by 'on-off' mobility problems and experiencing daily fluctuations in motor performance.

Optimum dose is obtained through slow initial dose titration from a starting dose of 1mg daily. The recommended therapeutic dose is 2-6mg a day given as a single dose. Doses up to

20mg daily have been administered in a small proportion of patients in clinical trials.

It is contra-indicated in ergot alkaloid hypersensitivity and should be used with caution in patients with a history of respiratory disorders linked to fibrotic tissue degeneration, severe cardiovascular disease, Raynaud's syndrome, peptic ulcer, gastrointestinal bleed, or a history of serious mental disease. The dose in hepatic-impaired patients should be modified.

Concurrent administration should be avoided with macrolide antibiotics and drugs that have dopamine antagonist activity.

The drug is well tolerated and side-effects reflect those of levodopa and other dopamine agonists on the nervous system and the gastro-intestinal tract.

Cabaser comes in three strengths: 1mg (20 tablets, basic NHS price \$76), 2mg (20, \$76) and 4mg (16, \$63.20). Launched at the XIth International Symposium on Parkinson's Disease in London this week, Cabaser will

not be available until the middle of April.

Pharmacia & Upjohn. Tel: 01908 661101.

● A new class of drugs for the treatment of Parkinson's disease should soon be available. Known as COMT inhibitors, the drugs prevent the peripheral breakdown of levodopa by the enzyme catechol-O-methyltransferase. They allow more levodopa to reach the brain and be converted into dopamine, thereby enhancing its clinical efficacy. They also help to reduce the wearing off phenomenon experienced by patients on long-term levodopa therapy.

Clinical trials of the COMT inhibitors tolcapone and entacapone found that patients with early Parkinson's disease treated with tolcapone for six months showed a significant improvement in symptoms and quality of life and were able to reduce their levodopa dosage by a fifth.

Roche Products is hoping to launch tolcapone (Tasmar) in the UK this summer.

Campto: new cytotoxic for colorectal cancer

Campto (irinotecan hydrochloride trihydrate) is a new class of cytotoxic drug for the treatment of metastatic colorectal cancer.

Derived from the Chinese tree commonly referred to as the 'tree of happiness', Campto is licensed for second-line treatment where 5-fluorouracil-based therapy has failed. It has been shown to control the progression of the cancer in over half of patients who have failed to respond to, or have relapsed after, 5-FU therapy.

It works by inhibiting topoisomerase I, an enzyme involved in cell division. The dosage regimen is 350mg/m² given by intravenous infusion once every three weeks at an outpatient clinic. Common side-effects include neutropenia, delayed diarrhoea, nausea, cholinergic-like effects, fatigue and alopecia. Responding patients require at least six cycles at an average cost per cycle of \$833.

Rhone-Poulenc Rorer Ltd. Tel: 01732 584000.

Avonex prices

Avonex (interferon beta-1a) carries a basic NHS price of £730 per box of four vials and not as stated in last week's issue.

Biogen Ltd. Tel: 01344 867033.

Iodoflex dressings

Iodoflex, the cadexomer iodine paste dressing from Perstorp Pharma, can now be used to deslough all chronic wounds, such as leg ulcers, pressure sores, malignant wounds and some post-surgical wounds. In addition, the warning against co-administration of the dressing with sulphafurazoles and sulphonylureas has now been lifted.

Perstorp Pharma Ltd. Tel: 01256 477868.

Stop Snoring Week

National Stop Snoring Week (April 21-27) aims to highlight the problems of snoring and the methods available to ease it. Organised by the British Snoring & Sleep Apnoea Association, and supported by Breathe Right manufacturer 3M, the initiative will include a consumer leaflet, which is called 'Don't Suffer in Silence', the launch of a new book on the condition and publicity posters.

British Snoring & Sleep Apnoea Association. Tel: 01737 557997.

MEDICAL MATTERS

Fight CHD with fruit

Antioxidant supplements should not take the place of fruit and vegetables in the fight against coronary heart disease. Although there is strong evidence that eating at least five pieces of fruit and vegetables a day can protect against CHD, research into the benefits of supplements of vitamins A, C and E in heart disease have proved inconclusive.

Professor Desmond Julian, cardiologist and chairman of the National Heart Forum, attending the launch of two new reports on the role of fruit and vegetables in health, believed these benefits could not be found in vitamin pills alone.

"However easy it may be to take antioxidant pills to supplement the diet or cut corners in busy lives, we should avoid the temptation to do so," he said.

The Forum wants a national strategy to increase fruit and vegetable intake, involving health professionals and the industry.

Misuse of alcohol is not taken seriously

Alcohol misuse is not taken seriously enough, despite its \$150 million cost to the NHS.

The significance of alcohol misuse gets lost between the well known fatal effects of smoking and the social consequences of illegal drugs, says Sir Donald Acheson, president of Alcohol Concern and former chief medical officer. His comments follow the charity's publication of 'Measure for Measure', a comprehensive report into the problems of alcohol in Britain.

The findings point to one in 20 people dependent on alcohol, twice as many as those hooked on legal and illegal drugs. The report also found that each year

33,000 deaths were attributed to alcohol and 28,000 hospital admissions were due to alcohol dependence or poisoning.

As a consequence of this data, Alcohol Concern is calling on the Government to introduce a co-ordinated National Alcohol Strategy, which will include looking at the growing popularity of alcopops among children; lowering the drink-driving limit from 80mg to 50mg alcohol per 100ml blood; and support services for people with problems. More research is also called for.

A copy of 'Measure for Measure' (\$10) can be obtained from: **Alcohol Concern. Tel: 0171 928 7377.**

General election hope for hepatitis B

The Children's Liver Disease Foundation has seized on the general election as a method of getting its campaign for routine childhood hepatitis B vaccination heard.

The 'Say yes - B protected' initiative, launched with the Patients Association this week, wants the next Government to

implement routine immunisation in line with the World Health Organisation recommendations.

The campaign has also set up a recorded information line on 0891 600300 (cost 50p per minute) for the public and healthcare professionals, with profits shared equally between the CLDF and the PA.

**NEW CONCEPT
SOLUBLE CALCIUM**

CALCIUM



Recent research indicates that 7 out of 10 women aged 21-47 obtain less than half the recommended daily allowance of calcium from their diet. Many people avoid the best source of calcium, milk, because they believe it is fattening

Now there's a new way to help give your body more calcium than milk... without the fat or calories

Calcium Clear is a sparkling calcium-enriched water, scientifically formulated with soluble calcium so it is readily absorbed by the body. Available in original and pink grapefruit flavours

CALCIUM CLEAR™

CALCIUM DRINK WITH SWEETENERS

AVAILABLE FROM YOUR PHARMACY



**NUTRACEUTICALS
LIMITED**

For more information,
contact us at
01203 254000 or
01203 254001
www.nutraceuticals.co.uk

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for by Nutraceuticals Limited

COUNTERpoints

Long-lasting pain relief from Galpharm

Galpharm is now offering extended pain relief with Galprofen Long Lasting Ibuprofen.

Each capsule contains ibuprofen 200mg in a controlled release formulation to provide 12-hour pain relief. The dose is one or two capsules every 12 hours, with a maximum of four in any 24 hours.

The new product is available in GSL packs of eight capsules retailing at \$1.99. However, Galpharm is



looking to introduce larger packs and higher-dose ibuprofen in the Pharmacy category.

The company's brand marketing manager, Leonie Schofield, expects the long-lasting

variant to appeal to sufferers of nagging 'background' pain, which may last more than a few hours.

Galpharm International Ltd.
Tel: 01226 779911.

Zirtek on the radio in time for summer hayfever season

Zirtek will be on the radio during the hayfever season.

A nationwide advertising campaign will begin in the third week of May and run until the end of July.

It will be heard on leading stations, such as Capital, Heart and Jazz in London, Piccadilly in Manchester, BRMB and Heart in the Midlands, and Clyde, Forth and Scot FM in Scotland.

A pharmacy support package includes window displays and a counter dispenser for a special hayfever advice leaflet.

UCB Pharma Ltd.
Tel: 01923 211811.

Cymalon's cystitis sufferers campaign



Seton Healthcare is launching a new advertising campaign for its Cymalon cystitis treatment.

Targeting first-time and frequent sufferers, the company is spending around \$333,000 on the campaign, which will run from March to August. Advertising is appearing in the women's press, including *Marie Claire*, *Cosmopolitan*, *Company*, *Elle*, *More*, *Mizz* and *Essentials*.

The advertisement features the new Cymalon helpline, which explains the causes of the condition, how to recognise and treat an attack, as well as some self-help tips for prevention. Educational cassette tapes and consumer information leaflets are available for staff training from company reps.

Seton Healthcare Group plc.
Tel: 0161 654 3000.

Keep smiling through ...

The British Dental Health Foundation is asking everyone to smile between May 19 and 25 in support of this year's oral health awareness campaign - National Smile Week.

This year's drive will focus on three steps to keep your teeth and gums healthy.

A consumer telephone helpline (01788 546365) will offer impartial advice on all aspects of dental healthcare throughout the Week.

Health authorities, dentists, shops, play groups, schools, colleges and dental product manufacturers will be staging a variety of events around the UK during the campaign.

British Dental Health Foundation.
Tel: 01788 546365.



Calcium with a squeeze of lemon

Seven Seas is launching the Calcium Plus Vitamin D lemon-flavoured tablet.

This one a day 400mg product is formulated to provide an alternative way of ensuring adequate levels for maintaining strong and healthy bones. Retail price is \$2.79 for 30 capsules.

Each tablet also

contains vitamin D which improves the absorption of calcium.

The launch will be supported by a PR campaign, incorporating consumer sampling and in-store promotion material.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

Something new to chew over

Jacksons has developed Potter's Soft & Chewy Primrose Oil.

With a lemon flavour, the new product contains 500mg of evening primrose oil in a sugar-free base.

The launch will be backed by an advertising campaign in women's magazines during the summer months.

The company's research shows that many women dislike swallowing capsules and are interested in a more

pleasurable way to take evening primrose oil.

Ernest Jackson & Co. Ltd.
Tel: 01363 772141.



**£2M
PRESS, POSTER
AND REGIONAL
TV CAMPAIGN**

**Back to normal
lets hayfever sufferers**

Sufferers can't buy a faster, more effective treatment. Clarityn Allergy's threefold action^{1,2,3} relieves the eye, nose and throat symptoms of hayfever within minutes.⁴ What's more, Clarityn Allergy won't make them drowsy⁵ or interact with alcohol.⁶

Even more important is the fact that you can't recommend a safer antihistamine. Clarityn Allergy does not have the cardiotoxicity associated with terfenadine or astemizole,⁷ and can be recommended with confidence.⁸

With this reassuring safety profile, it'll come as no surprise that Clarityn Allergy Syrup is now available OTC for children as young as two years old.

Clarityn Allergy — you can't recommend a safer antihistamine



Abbreviated product information

Clarityn Allergy Clarityn Allergy tablets contain 10mg loratadine. Clarityn Allergy Syrup contains 5mg loratadine per 5ml. **Indications:** For the relief of symptoms associated with hayfever, perennial allergic rhinitis and idiopathic chronic urticaria. **Children aged 2 to 12 years:** For the symptomatic treatment of hayfever and allergic skin conditions such as urticaria. **Dosage:** Adults and children aged 12 and over: one tablet once daily or two 5ml spoons of syrup once daily. **Children aged 2 to 12 years:** Bodyweight < 30kg — one 5ml spoon of syrup once daily. Bodyweight > 30kg — two 5ml spoons of syrup once daily. **Contra-indications, precautions:** Hypersensitivity, pregnancy and lactation. Use in children under 2 years. **Side effects:** Rarely, fatigue, nausea and headache, alopecia, anaphylaxis, abnormal hepatic function, supraventricular tachyarrhythmias. Tachycardia and syncope have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs which inhibit P450 3A4 and 2D6 metabolic pathways may result in elevated plasma levels of loratadine or the concomitant medication. **Pack size:** Cartons of 7 tablets. Bottles of 50ml Syrup. **Retail price:** Tablets £4.25; Syrup £6.99. **Legal category:** [P] **Product licence number:** Tablets 0201/0175; Syrup 0201/0173. **Product licence holder:** Schering-Plough Ltd., Shire Park, Welwyn Garden City AL7 1TW. **Date of revision:** January 1997. **References** 1. Barnett A. *et al.* Agents Actions, 1984; 14: 590-597. 2. Staquet M.J. *et al.* Amer. Acad. All. Immunol., 1995; in press: Abstract. 3. Dugas B. *et al.* J. All. Clin. Immunol., 1994; 93: Abstract. 4. Soto Roman L. Today's Ther. Trends 1988; 6: 19-27. 5. Betts T. *et al.* Proc. XIII Int. Congr. Allergol. and Clin. Immunol., Montreux 1988; 74-79. 6. Moser L. *et al.* Eur. Acad. of Allergol. and Clin. Immunol., Budapest, May 1986; Abstract. 7. Botstein P., Am. J. Cardiol. 1993; 72: 50B-Z. 8. Hara *et al.*, Drugs 1994; 48(4): 617-637.

**SCHERING-PLOUGH
CONSUMER HEALTH**

Palmolive goes body building

Colgate-Palmolive is adding Palmolive Hydrating Shower Gel with Moisture Reservoirs to its body care range.

The cool blue gel is said to be enriched with

marine extracts and sea minerals. It also contains visible moisture reservoirs that maintain the balance of the skin, leaving it feeling smooth and revitalised. It is

packaged in a transparent 250ml bottle (\$1.99).

The Palmolive 2 in 1 range of shower and bath products has been repositioned as Palmolive Milks. Each pack now carries a prominent description of the milk content, with a picture to reinforce the message.

The new positioning builds on the natural, caring heritage of the Palmolive brand, which will be supported by a \$2 million spend this year, including press and poster campaigns, regional television advertising and a PR campaign to encourage trial.

Colgate-Palmolive Ltd.
Tel: 01483 302222.



Radox revitalises its shower gels

Sara Lee is relaunching Radox Showerfresh.

It now features two new shower gels, each of which claims to offer a clear, relevant benefit to consumers.

The new variants are Invigorating, a revitalising 2 in 1 shower gel and shampoo; and Caring, a mild and gentle shower gel with added baby oil.

A new pack format gives the range a more modern look. The products are available in 250ml (\$1.89) and 500ml (\$2.69) packs.

Radox Showerfresh will be supported by a new television commercial in November.

The UK shower gels sector is worth \$77.8 million and is enjoying growth of 12.7 per cent. But the penetration level is still low at 10 per cent, and an average of only 2.5 packs per household is used each year.

Sara Lee UK Ltd.
Tel: 01753 523971.



Hair care that goes with the flow

Go With the Flow is a new hair care range developed by top Scottish hairdresser Charlie Miller.

The range comprises four shampoos – Clarifying, Moisturising, Colour Protecting and Everyday; and three conditioners – Leave in and Detangling, Colour Protecting and Everyday.

Replenish and Gloss Complex is a special treatment, which comes in a divided pot, with replenishing cream on one side and high gloss gel on the other.

The shampoos and conditioners retail for \$2.99 and the treatment cream is \$5.99.

Solid Products Ltd.
Tel: 0131 220 6657.

On the spot

Magik Spot-on Gel is a new product for spots and blemishes.

It is a natural formulation of plant extracts – coltsfoot, yarrow, rosemary and sage – and concentrated Dead Sea minerals.

With its antibacterial astringents, the product is designed to calm, soothe and dry spots. It is also claimed to help diminish the redness and inflammation surrounding blemishes.

Special introductory retail price is \$3.95 (normal rsp \$4.95).
Finders International Ltd.
Tel: 01580 211055.

Adding a little zest to bathtime

Baylis & Harding has launched a new shower and bath range.

With aromas of pink grapefruit, tangerine, and lemon and lime, the products are aimed at younger consumers.

The 500ml bath and shower cremes and co-ordinated gift sets retail from \$0.99 to \$2.99.

Packaging includes a wraparound sleeve.
Midland Cosmetic Sales plc.
Tel: 0121 359 0099.



Lynx Inca aims to hit the right note

Elida Fabergé is supporting Inca – the latest variant in its Lynx range – with promotional activity which will target clubs and young clubbers.

To reach its audience, Inca is using a top London nightclub for an exclusive night of music, drinks and dance with the Lynx Mixes, a group of Latino dancers.

Inca-scented postcards will be placed in 180 'style bars' nationwide and fixed into men's magazines *Sky* and *FHM*. A four-page scented

pullout has also been developed for the magazine *Loaded*.

The company has teamed up with the Fantazia dance record label to produce a 'House Collection Volume 5' CD which is now available in record shops. The CD is being advertised on television, in the press, at cinemas and on posters.

A £7 million advertising spend will support the whole Lynx brand this year.

Elida Fabergé.
Tel: 0181 481 6000.

ON TV NEXT WEEK

Johnson's Baby shampoo: All areas

L'Oréal Cosmetics – Colour Endure: All areas

L'Oréal Elvive Revitalising shampoo: All areas

L'Oréal Recital Preference: All areas

New Clearblue: All areas, except U, S4C, C4

New Radian-B Ibuprofen Gel: All areas, except LWT, CAR

Nutralia: All areas

Pantene: All areas, except GMTV

Pepcid AC: G, TT

Predictor: C4, C5, satellite

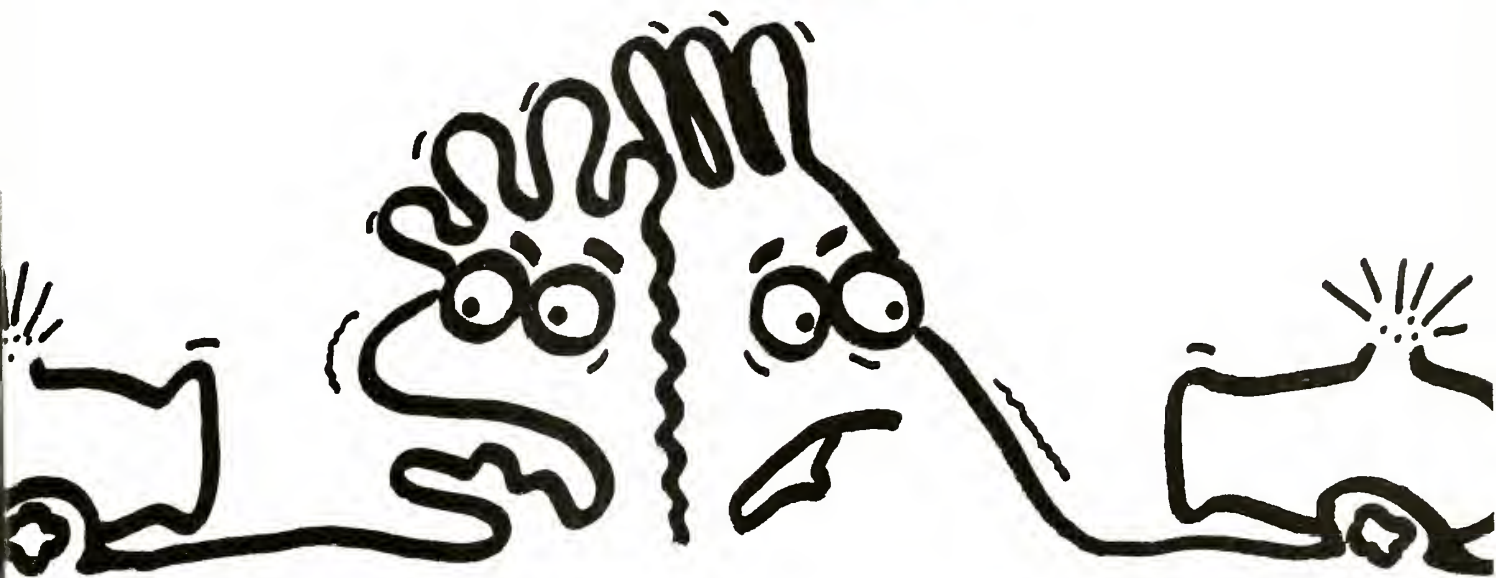
Wash & Go: All areas

Wella Experience: C4

Wilkinson Sword's FX Performer: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Athlete's foot... a tale of 2 bugs



...Daktarin blasts both

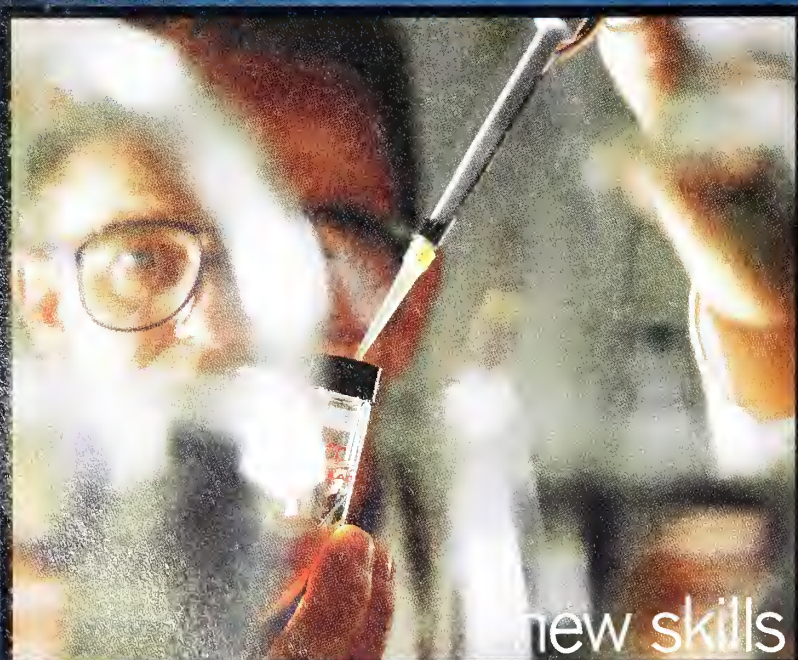
Your No 1 Athlete's foot brand has a totally new look and for the first time ever, a TV campaign. 2 fun characters have been created to communicate to your consumers the little understood fact that with Athlete's foot there can be two bugs to deal with - a fungus *and* a bacteria. And that Daktarin is well able to blast away both. This distinctive new campaign and new packaging will reinforce Daktarin's pre-eminent position and have many new pairs of feet beating a path to your counter. Stand by to benefit...



miconazole nitrate

Information: Daktarin™ Dual Action Cream **Presentation:** White cream containing miconazole nitrate 2% w/w **Indications:** Treatment of fungal infections of the skin and nails caused by dermatophytes, yeasts and moulds. **Dosage:** Apply twice daily and continue for ten days after lesions have disappeared. **Precautions and warnings:** Discontinue if hypersensitivity occurs. Use with caution in pregnancy. **Side Effects:** Irritation. **Price:** £4.99, 100g tube. **Legal Category:** P. **PL:** 0242/0315. **PL Holder:** Janssen-Cilag Ltd. **Daktarin™ Powder** **Presentation:** White powder containing miconazole nitrate 28% w/w. **Indications:** Treatment of fungal infections of the skin and nails caused by dermatophytes, yeasts and moulds. **Dosage:** Apply twice daily and continue for ten days after lesions have disappeared. **Contraindications, precautions and warnings:** Not for use on nail infections. Discontinue if hypersensitivity occurs. Use with caution in pregnancy. **Price:** £3.99, 100g can. **Legal Category:** P. **PL:** 0242/0017. **PL Holder:** Janssen-Cilag Ltd. **Daktarin Spray Powder** **Presentation:** Aerosol delivering white powder containing miconazole nitrate 0.16% w/w. **Indications:** Treatment and prevention of fungal infections of the skin and superinfections due to Gram positive bacteria. **Dosage:** Apply twice daily. For prevention, spray into socks and shoes. **Contraindications, precautions and warnings:** Discontinue if hypersensitivity occurs. Use with caution in pregnancy. Keep spray away from eyes and mucous membranes. **Price:** £3.99, 100g can. **Legal Category:** P. **PL:** 0242/0117. **Johnson & Johnson • MSD**
Janssen-Cilag Ltd., Sanderson, High Wycombe, Bucks, HP14 4HJ. **Date of Preparation:** February 1997. © Johnson & Johnson MSD 1997. ® denotes trademark.
CONSUMER PHARMACEUTICALS

Who's harnessing the
world's most advanced
scientific
thinking
to develop
new
for the 21st century



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To find out more about Novartis and our new skills, visit our website at www.novartis.com

medicines



healthcare



pharmaceuticals



nutrition

The world's leading Life Sciences company.

Formed by the merger of Ciba and Sandoz.

Arkopharma all set for summer

Arkopharma has launched a new summer collection especially for the pharmacy trade and health food stores.

A point of sale unit has been designed to help retailers maximise on sales during the summer months when demand for sun protection and travel sickness remedies are at a peak.

Containing 24 packs, the unit includes Phytobronz, Phytotravel, Phytoslim, Phytovaine-tone, Phytofeverfew and Phytoderma. Two boxes of Phytoslim and Phytotravel are complimentary.

POS material includes a shelf talker, Phytotherapy booklets and Arko-health leaflets.

Ceuta Healthcare Ltd.
Tel: 01202 780558.

Breast stroke for soothing pain

A new thermal aid to help breastfeeding mothers will be launched in May.

Breast-Nurse has been designed to soothe the pain associated with nursing a baby. Made from vinyl and polypropylene, it has been designed to fit all breast sizes.

Two gel-filled discs come in each pack and can be used repeatedly – warm or cool. They are worn inside a bra to help alleviate soreness caused by blocked ducts, mastitis or weaning.

The product will be supported by a full promotional campaign.

Retail price is \$9.95.

Oscar + Dehn Ltd.
Tel: 0171 813 4682.

Babynat organic infant formula

Babynat is a French organic infant formula, which is now being made available to consumers in the UK.

Manufactured by Vitagermine, the product won a 'best new product' award at the leading French grocery trade show, SIAL 96.

The milk used comes from cows fed with organically-grown grass or organic green fodder. The vegetable fats are

Getting a grip on twin disposables

Wilkinson Sword has relaunched its Extra II razor in an attempt to drive sales in the premium twin disposable sector.

With 53 per cent of disposable shavers prone to nicks and cuts, the product has been designed to deliver the best possible grip while shaving. It features a new 'no-slip rubber grip' handle, which is longer, curved and heavier.

The razor now comes in three variants – Regular (dark blue handle), Sensitive (green handle) and Women (pink handle). Sensitive features a special moisturising strip to protect against skin irritation. Women has a



strip with aloe to meet the needs of 50 per cent of women with dry skin.

Retail prices are \$1.79 for five-packs and \$3.35 for tens.

The relaunch is being supported by a \$500,000 national press campaign, which will run from June until August.

From May, the product will be sampled in Retractor single disposable bags to encourage users to trade up.

A variety of POS material is available for in-store use.
Wilkinson Sword Ltd.
Tel: 01670 713421.

Predictor pregnancy test: so simple you can't go wrong

Predictor Home Pregnancy Test is back on television from Easter Sunday, with the first burst in its biggest-ever advertising campaign.

The commercial is appearing on Channel 4, Channel 5 and satellite TV throughout April.

To back the campaign, manufacturer Chefaro has produced new in-store POS material, with the theme 'So simple you can't go wrong'.

A pre-packed counter unit contains four Predictor single and four double tests. It comes complete with a single Predictor Test stick to show the customer how easy it is to use.

The unit also carries a new leaflet, entitled 'So

you want to have a baby', which has been approved by the Health Education Authority and gives practical advice on planning a pregnancy.

Chefaro is spending a total of £2 million on marketing support for the brand this year.
Chefaro UK Ltd.
Tel: 01223 420956.



Clear benefits of new calcium drink

Those wanting to boost their calcium intake, without resorting to tablets or increasing their milk intake, can turn to Nutraceuticals' Calcium Clear from the middle of April.

Calcium Clear (330ml, rrp \$0.99) is a sugar-free, calcium-rich drink made from purified, carbonated water. Each bottle contains calcium 437mg and magnesium 62mg, providing more

than half the recommended daily requirement of calcium. Two flavours are available: original and pink grapefruit.

The drink has the advantage of providing calcium in a soluble, readily-absorbable form and, unlike milk, is free from cholesterol and fat – only 23 calories per bottle.

Nutraceuticals Ltd.
Tel: 0115 948 3515.

Lip service

Any orders or product enquiries for Vyrbit Lip Cream, Vyrbit Lip Salve and Prostabrit should now be made direct to:
Britannia Health Products Ltd.
Tel: 01737 773711.

Shockwaves on TV

Wella will continue its sponsorship of the TV series 'Baywatch' when it returns on April 19.
Wella Great Britain.
Tel: 01256 20202.

Correction

Dendron would like to make it clear that contrary to a report in last week's issue (Key to OTC, p17), the company never had plans to launch GSL versions of ibuprofen.

Sporting chance

Halo chocolate snack is set for a good run because of its link-up with the Flora London Marathon. Each of the 30,000 participants will receive the product before the race on April 13.

Halo Foods Ltd.
Tel: 01654 711171.

Testing time

Duracell has now introduced Powercheck in-built power gauge testers on all its major battery sizes.

Duracell (UK) Ltd.
Tel: 01293 517527.

Driving force

Mates Healthcare is sponsoring Brookes Motorsport, winner of the 1996 Total Cup, in the 1997 British Touring Car Championship.

Sutherland Health Ltd.
Tel: 01635 874488.

On the right track

Bausch & Lomb has launched a competition for its Renu solution. First prize is a Sony Mini Hi-Fi System with CD player. Ten runners-up will receive a £20 HMV record voucher. Entrants have to list Elvis Presley tracks contained within the Renu mailer and complete a tie-breaker.

Bausch & Lomb UK Ltd.
Tel: 0181 781 2900.

Fight Back

against hayfever



Double action

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Each white, oblong, scored, film-coated tablet engraved Y/Y contains 10 mg cetirizine hydrochloride. **USES:** Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria. **DOSAGE AND ADMINISTRATION:** Adults and children aged 12 years and over: One 10 mg tablet daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. **CONTRAINDICATIONS:** Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery. **DRUG INTERACTIONS:** To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported. **PACKING, PRICE:** Pack of 7 tablets = £3.95. **LEGAL CATEGORY:** P.

PRODUCT LICENCE NUMBER: 5221/0001 **PRODUCT LICENCE HOLDER:** UCB SA Pharmaceutical Sector, Avenue Louise, B-1050, Brussels, Belgium. **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD1 1DJ. **DATE OF PREPARATION:** February 1997



For further information please contact:
UCB Pharma Limited,
Star House, 69 Clarendon Road, Watford, Herts, WD1 1DJ
Telephone: (01923) 211811 Fax: (01923) 229002

If we were offered £10 every time extended roles were proposed for community pharmacists, we would all be rich. But this time, things really are different. I was pleased to be given the chance to edit these pages as I feel the time is right to ask those with a passionate involvement in community pharmacy to explain the different opportunities and 'new horizons' that now truly exist in our field.

Alison Blenkinsopp, director of education and research in my department, and Georgina Craig, head of professional development at the National Pharmaceutical Association, have set out the challenges and opportunities available. Essentially, these are a commitment to a primary care-led NHS and a focus on improving the quality of care offered in the community. In the new NHS, the skills of all health professionals – pharmacists and nurses being key among those – are recognised and the door is open to make better use of their skills. A central part of our research programme at Keele University is to develop and evaluate the potential role of pharmacists in prescribing advice. The time is right for many more pharmacists to become involved in this challenging agenda.

Multi-disciplinary working demands that we take heed of the beliefs and behaviours of those with whom we want to work more closely – hence the final contributions. Dr Colin Bradley, a senior lecturer in general practice at the University of Birmingham's Medical School, has a particular interest in prescribing and explains honestly how community pharmacy is perceived by GPs. He also gives practical suggestions as to how these relationships can be developed. David Dickinson, whose editorship of *Which? Way to Health* has been challenging for community pharmacy, sets out his views, based on interviews with patients, of the way in which pharmacists can better meet their needs. Consumer organisations have much to tell us in understanding real patient information needs and what a patient-friendly organisation looks like.

At a time when concordance with prescribed medicines is the subject of media discussion, the opportunity exists for community pharmacy to show how advice given in the pharmacy can and does increase the rate at which people take the medicines they need.

Professor Rhona Pantou
Head of Department of Medicines Management,
Keele University



Primary care: challenge and opportunity

The NHS (Primary Care) Bill heralds big changes for community pharmacy. **Dr Alison Blenkinsopp**, from Keele University, and **Georgina Craig**, of the National Pharmaceutical Association, outline the Government's plans, look at the barriers to change and how community pharmacists have risen to the challenge



Keele's Alison Blenkinsopp

What is it that is so different about the latest developments in primary care? The answer is that they are going to be taken on *and* funded as ongoing services, and you cannot afford to miss out.

The Royal Pharmaceutical Society's 'New Age' initiative has focused the profession on the future and could not have been more timely. The changes it predicts are more likely to happen in the next five years than the next 25, but it has ensured that pharmacists are being taken seriously by policy-makers.

The 'New Age' document was the only publication from a professional body to be quoted in the most important of the three recent White Papers on primary care, 'Delivering the Future', published in December.

Community pharmacy is an integral part of the picture they paint for the future and its strengths are recognised as:

- facilitating better use of prescribed medicines
- acting as the first port of call for minor ailments
- promoting health
- providing advice on medicines to the primary care team.

The White Papers set out the principles of primary care and recommend changes to ensure



Georgina Craig of the NPA

that the service lives up to these standards. The principles are outlined below.

Quality is about ensuring that professionals, as part of a team, have the knowledge and skills to provide care to people from premises of a high standard. To address quality issues the Government plans to look at professional development, accreditation of service providers and improving premises. In addition, team working and seamless care of patients are high priorities.

A service that is fair does not vary in quality from area to area.

Continued on P20 ►

This child has atopic eczema. But now he has an unperfumed bath oil.



The misery of an itchy child. The distress of an anxious parent. Atopic eczema really can be intolerable.

E45 Bath is especially suitable for atopic eczema.¹ Not only does it have a longer-lasting emollient effect than the two leading prescription bath oils,² but unlike them, E45 Bath is unperfumed. Perfume is one of the most common causes of adverse reactions in children with atopic eczema.³

What's more, E45 Bath is now available in new 250 & 500ml sizes - ideal for your recommendation.

That's why he uses E45 Bath.



Unperfumed emollient bath

Product Information

E45 Emollient Bath Oil.
Further Information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.
Legal category: ACBS
Date of preparation: February 1997.

References

1. Data on file, Crookes Healthcare Limited
2. Vernon PG, Largey PM. Bath E45 compared with proprietary bath oil additives in a single-blind, multiple

crossover study J. Dermatol. Treat In press
3. Potential skin sensitisers in moisturisers. MIMS March 1997

DERMATOLOGICAL
E45 Complete
Emollient Therapy



The professions must drive the changes in primary care

◀ Continued from P18

Being fair also means investing a bigger slice of the NHS cake in primary care. The Government promises an extra £94 million through general medical services, growth and development funds. In addition, investment in primary care R&D will rise by around 10 per cent over the next five years.

To make the service accessible and responsive to local needs, health authorities will be responsible for service development agendas. They will be able to decide what their local pharmaceutical service should look like and make cross-border payments where it is in patients' interests.

The needs of the elderly and mentally ill will be particularly important. They are groups recognised in the White Papers. So is the pharmacist's role in prescribing support.

The service must be efficient. Efficiency means evidence-based. We must measure what we do and the effect it has on the health of the people we care for. Above all, the message is that the professions must drive these changes. Success will come from both local action and a positive attitude.

The barriers to change within community pharmacy can be summarised as:

- lack of time
- remuneration
- skills and training.

But these barriers have been overcome in innovative schemes throughout the country. Taking prescribing advice as an example, the contribution community pharmacists have made to the quality of repeat prescribing and

increasing its cost-effectiveness are shown in the box below.

How to get involved

You might want to get involved in providing prescribing advice to GPs. If you do, the first steps to consider are:

- getting some basic training
- talking with your local pharmaceutical adviser and LPC about opportunities in your area (working with your pharmaceutical adviser is crucial to make sure that GPs are getting the same messages about prescribing)
- talking directly with local GPs
- if you are an NPA member, asking for a copy of the resource pack on prescribing advice
- sending for a copy of the RPSGB's pack on marketing community pharmacy services to health authorities (\$5 from RPSGB practice division, tel. 0171 735 9141, fax 0171 582 3401).

Another way of getting involved is for a group of community pharmacists to work together and provide a 'shared' service. Perhaps only one or two of you would provide the prescribing advice, or you might hire a freelance pharmacist to do the work for you.

This consortium approach is worth considering if you don't feel that you personally want to provide the advice, but still want to keep close links with what is happening.

Where will the money come from? There are two possible options right now. One is specifically aimed at funding prescribing advice from the GP drug budget (ask your pharmaceutical adviser if there is a scheme in your area). The other is from a wider range of development pro-

jects in primary care, 'Seizing the Opportunities', which mentions joint working between community pharmacists and GPs.

HAs were invited to bid for funds by the end of February – your pharmaceutical adviser can tell you if there is something happening in your area.

Where will the training come from? The CPPE has excellent distance learning packages – good ones to start with are 'PACT' and the 'Prescribing Advice' series. The Centre also runs workshops. Find out what is available in your area.

A call for action

Don't miss out on these opportunities. At last, people are sitting up and taking notice of community pharmacy. The time has never been better for convincing them that pharmacists have more to offer. Start talking and planning in your area now.

● In the North West, community pharmacists gave written feedback to GPs on inequivalence of quantities and treatment periods from repeat prescriptions. A recent article in *Prescriber* magazine reported the findings and identified the cost savings that resulted.

● In Derbyshire, community pharmacists were paired with GPs and undertook reviews of individual patients' repeat medication at the GP practice. Around 35 pharmacists reviewed the records of 722 patients with over 6,000 items. They found problems with almost half these items and made recommendations to GPs at review meetings.

● Community pharmacists in Greenwich & Bexley, Devon and Hull carried out 'brown bag' medication reviews (where patients bring all their medicines – prescribed and OTC). These reviews can be carried out in the pharmacy or at the GP surgery. Participating pharmacists obtained funding from the health authorities and the Department of Health.

● In Birmingham, a team of community pharmacists visited GPs and worked with them on various aspects of prescribing, depending on the needs of the practice. The service was funded by a DoH grant and co-ordinated by the pharmaceutical adviser.

● In North Yorkshire, a proprietor pharmacist has been providing educational sessions on prescribing for his local GP practice for several years (based on *British National Formulary* chapter headings) and has helped them to develop a practice formulary. It is paid for by the practice.

'How about it, doctor?'

Many GPs are now more receptive to the idea of working with pharmacists. **Dr Colin Bradley**, a GP and senior lecturer in Birmingham University's Department of General Practice, gives a medical perspective

Pharmacists have much to offer their GP colleagues in the field of medicines management. Unfortunately, pharmacists know this, but most doctors don't. GPs, by contrast, have the major responsibility for medicines management and pharmacists do not.

A GP's idea of what a pharmacist does is often fairly limited. Doctors see pharmacists as predominantly retailers and distributors of medicines, with a minor professional role in checking scripts for errors. Even here, GPs may perceive some pharmacists as over-fastidious.

There is a widespread failure by GPs to appreciate, let alone tap into, the depth of knowledge pharmacists have of medicines. Their awareness of the many other roles and functions of pharmacists is similarly restricted.

When the involvement of pharmacists in the managing of minor ailments, or in health promotion, comes to the attention of GPs, it is often viewed with suspicion, or resented as an unwelcome intrusion into what doctors perceive as their exclusive domain.

The GP's role in medicines management, and particularly budgetary management, has increased dramatically with the introduction of the indicative prescribing, incentive schemes and fundholding. GPs are struggling with these new responsibilities.

However, ignorance of the capability of pharmacists to help, and the historically poor relations between the professions, has constrained the extent to which pharmacists are called upon to help GPs manage these new responsibilities.



Dr Colin Bradley

Some indication of how future collaboration between GPs and pharmacists might work can be gleaned from models of joint working currently in operation. Traditionally, both community and hospital pharmacists have been available to GPs to advise on medicines usage. Neither group, however, has been very proactive in this role.

Drug information pharmacists in hospitals give advice only when asked, and community pharmacists react mostly to displays of ignorance by GPs. Drug information pharmacists do sometimes send out their newsletters to GPs, but often this unsolicited information has missed its target.

More recently, health authority pharmaceutical advisers have begun to talk to GPs about their prescribing in a more dramatic way. This has not always been welcomed by GPs, who see such pharmacists coming with a 'management' agenda to reduce drugs expenditure.

Pharmacists in this role, though, have been sensitive to this charge and have managed in many instances to convince GPs that they are pursuing as much a quality of care agenda as a cost containment one.

A recent survey I carried out on a national sample of GPs indicated that only a small minority resent the health authority pharmaceutical adviser. In some IAs, community and hospital pharmacists have been deployed on a sessional basis to back up the authority's own pharmaceutical adviser, but this has usually been restricted by lack of funds.

Some GP fundholders have also begun to employ pharmacists themselves, sometimes on secondment from a hospital post, to provide pharmaceutical advice.

Finally, some progressive community pharmacists have managed to develop other links with

GPs to provide services – such as asthma clinics – in tandem with GPs rather than just in parallel or in competition.

There are problems

However, from the GP's perspective there are problems with many of the existing models of joint working.

Joint working with established community pharmacists is regarded with some reservations, as GPs may suspect their motivation. They are wary of the commercial role of pharmacists, and worry about possible conflicts of interest that might compromise a doctor if he or she were to collaborate too closely with one community pharmacist.

Hospital pharmacists are seen as remote from primary care, and having a poor understanding of the issues. Health authority advisers, as noted already, are perceived as too close to 'big brother'.

From the GP's point of view, the ideal position is having the pharmacist as an employee. This puts them in the same position as the practice-employed nurse, over whom the GP has complete control, including the right to hire and fire.

The preference for the employer-employee relationship was confirmed in a recent study on GPs' attitudes to self-medication undertaken by myself and colleagues in Birmingham. GPs reported that they were more comfortable with their practice nurses advising 'their' patients on self-medication than with pharmacists offering any advice on diagnosis or management.

Clearly, such a subservient relationship would not be acceptable to the majority of pharmacists. Links with pharmacists from outside the practice, who may be seen as too remote or who are perceived as having conflicting commercial and professional interests, will never be entirely comfortable for GPs.

The answer has got to be some arrangement whereby pharmacists come to the practice on a regular basis on agreed terms to discuss matters of mutual professional interest, focused primarily on our shared interest in improving patient care, especially in medicines use.

The ideal is for the pharmacist to come away from the pharmacy to work *with* rather than just *for* the GP. Given that GPs are probably less aware of the benefits of such an arrangement, I would suggest that for such developments to occur the first move must be made by pharmacists.

The milieu surrounding the latest White Papers on the NHS provides the perfect opportunity for you to ring local GPs and say, "How about it, doctor?"

Use it or lose it

The consumer is adrift on a sea of information, and pharmacists are the people who should be coming to their rescue, suggests **David Dickinson**, editor of *Which? Way to Health*

David Dickinson: steering *Which? Way to Health*

First, a true story. Holly is three months old. "Nothing to worry about," said the doctor when she got a touch of conjunctivitis. "I'll prescribe something for her discomfort and it will soon go."

The computer script was dispensed at the local pharmacy, and Holly's mother (a good consumer) read the leaflet before using the medicine. There she learned that it was not for use on the face and, in particular, *should be kept out of the eyes*.

Now, a quiz. What is your reaction to the story? Is it:

a) Why is he banging on about this, it's quite common. He should have seen what happened here last week?

b) Shocking, simply shocking. What were the doctor and pharmacist thinking of? Shouldn't they be getting their heads together over things like this?

c) That was me, wasn't it?

If you answered (a) score 0. The consumer-friendly answer is (b). If you answered (c), have a brownie point for honesty.

The contrite GP later explained that two medicines with one active ingredient were next to each other on the computerised list, and she'd highlighted the wrong option. But from the user's point of view that sort of error, though explainable, is simply not acceptable.

How could it be avoided? By pharmacists repositioning as communicators, together with an open alliance between GP and

pharmacist. By a determination to drive out problems, such as professional demarcation lines, that get in the way.

It no longer makes sense to see pharmacists as mute dispensers of the doctor's prescription. Up and down the country, the two professions are building relationships. Stephen Dorrell has told the PSNC that "there is no doubt at all that pharmacists should be part of the primary healthcare team". Consumers, too, want practical information about medicines from their pharmacists.

The consumer's former unquestioning faith in all professions is crumbling. GPs are good at diagnosing, but increasingly we realise that they are, alas, human. The message is getting across: it's pharmacists who are good at medicines.

So don't blow it. Don't let any historical baggage about roles or responsibilities get in the way of your new, more proactive role: a personal medicines manager to your customers. Patients want it, the Government wants it, any GP worth their salt will welcome it.

If *Which? Way to Health* in the past has appeared to focus on faults in the delivery of pharmacy advice, it's only because of the increasingly important role of community pharmacy. To prove it, here are some research findings that you might find a bit more welcome.

● Pharmacists are patients' first

Continued on P23 ►



OVER 2,500 PHARMACISTS RELY ON LINK COMPUTERS FOR THEIR CORE BUSINESS.

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"It's developments will become increasingly important to both the practice and business of pharmacy. Our link programs will continue to ensure our customers remain at the forefront of technological change."

DAVID WATKINSON
MARKETING MANAGER



PHARMACEUTICALS
LIMITED

~~We will~~ be will
~~We're always there,~~ we always care.

Table 1: from this list, which one source of information would you be most likely to use when considering which non-prescription medicine to use for a minor ailment?

n = 1,012	number	%
Pharmacist	514	51
Doctor	253	25
Friends/relatives	129	13
Pharmacy assistant	25	2
Information on the label	11	1
Newspapers/-magazines (not consumer)	10	1
Information in the pharmacy (posters, leaflets)	8	1
Adverts on TV, in magazines or newspapers	7	1
Information from TV programme	4	<1
Leaflet with the medicine pack	3	<1
Consumer mags	3	<1

Source: Consumers' Association survey, 1996

◀ Continued from P21

choice for advice about their medicines. This survey ranking (Table 1) is based on OTC items, but the margin of preference is clear. Watch for the up and coming friends and relatives, though: if professionals can't provide clear, usable information, people will get it from others who know less but are more willing to talk their language.

● Pharmacies are way ahead of supermarkets as the preferred place to buy medicines (Table 2), with advice clearly winning over price considerations in people's expressed preferences. This is a commercial advantage that you must exploit to survive. And you must all deserve the loyalty of those customers: half the profession giving trustworthy advice is not enough.

This positive outlook helps the Consumers' Association to argue for abolition of Resale Price Maintenance. Substantial minorities of people in nationally representative surveys tell us that they've been put off the purchase of a medicine by the price (2 per cent for prescription medicines; 13 per cent for OTCs).

As prescription charges soar ever upwards, we face a situation where hundreds of thousands will prefer to do without medicines because they cost too much. The virtually invisible price-fixing mechanism of RPM is simply not the way to protect vulnerable, much-needed pharmacies. Yes, some deserve protection, but why take the money out of sick consumers' pockets?

To perform a public good we should be using public money, not hiding a subsidy in the price

of already costly goods. The logical way is the extension of the small pharmacy scheme. But the profession must also learn to play to its strengths as the patient-friendly health professional on the High Street.

What does patient-friendly mean in this context? Here's a checklist

Jargon-free: the nice thing about a chat with the pharmacist is that it's less formal than talking to a GP. Don't lose that advantage by talking gobbledegook. There's already enough of that in people's experience of healthcare.

Person-shaped: you see people straight off the street, and should shape your advice accordingly. Recognise the customer's role in medicines management: don't give them advice that they can't follow, and don't give orders, either.

Enough, not too much: if I had a tanner for every pharmacist who complained that "not everybody wants to know everything", I'd be rich. Of course they don't. Your communications skills must include gauging how much the person in front of you needs and wants to know, and balancing it with what they have to know. Not easy, but necessary. Retrain if you need to, but don't retreat.

We are living in an information revolution. It's (mostly) bloodless, but it's not pain-free. Part of the pain is adjusting to new roles. The patient has to adjust to being bombarded with health information from all sides. The GP has to adjust to the checklists of questions that her patients are bringing into the surgery, and deal with them in five minutes.

Your adjustment, as a pharmacist, is to change from a pill-counter to a communications professional; coming out of the dispensary to help your customers stay afloat on a sea of information, helping them to sift through the information and reach the right answer for them. No other health professional is both so handy and so expert, and that's why patients have such a good feeling about community pharmacy.

David Dickinson is also a founder of Consumption, a consultancy devoted to building user-friendliness into patient information. For a free information pack, call 0181 673 4403.

Table 2: what type of outlet would you prefer to buy your medicines from?

n = 1,812	number	%
pharmacy/-chemist	1,303	72
supermarket or other shop	300	16.5
Don't know	209	11.5

Source: Consumers' Association survey, 1996

IMPORTANT ANNOUNCEMENT

3M Health Care has successfully stopped STEPHAR UK from dealing in incorrectly labelled 3M Tegaderm dressings.

Stephar had re-packaged and mis-labelled the products.

If Stephar had continued, it could have damaged confidence in a product which has a high reputation among healthcare practitioners and patients alike.

Stephar has agreed to the following:

- *Stop the incorrect re-packaging of this product
- *Hand over its stock of re-packaged product
- *Pay 3M an undisclosed sum in compensation

3M will continue to take appropriate action to protect the name of 3M Tegaderm dressings and its valuable brand image in the UK.

If you are offered or are aware of mis-labelled 3M Tegaderm dressings being offered, then 3M would like to hear from you on:

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Diflucan One is going down even better right now.

Capturing over a third of the OTC vaginal thrush sector, it is clearly the brand leader in £ sales in a market that has doubled in size¹ since Diflucan One launched in November 1995.

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That Diflucan One is convenience itself: one pill, swallowed with a glass of water, is the complete course.

And that Diflucan One works. On average, women experience relief from thrush symptoms in one day and complete relief after just two days².

Everything points to the fact that while we're busy driving sales down, you'll be busy piling profits up.

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Nov 95
launch

We're confident
£2 million
will continue to
drive sales

dent
n advertising
e to
own.

Dec 96
34.1% £ share

Prints, contracts and liabilities

Who is liable if you lose film or prints you have been asked to process? **David Reissner** and **Susan Hunneyball**, respectively partner and assistant solicitor of law firm Charles Russell, examine the legal implications

Was it Snow White who said: 'Some day my prints will come'? Unfortunately, some pharmacy customers have not always been as lucky as Walt Disney's heroine.

It is Murphy's Law that if photographic prints go astray, they will represent the only record of a wedding, a once in a lifetime holiday, or some other unique event.

Only recently, the media went to town on the story of an Antarctic explorer who claimed a pharmacy had lost his photographs handed in for developing. He alleged that a fresh expedition would have to be mounted, the cost of which was the subject of court proceedings.

Is the owner of the pharmacy liable in such circumstances and, if so, what are the damages? Can a customer claim for anything beyond the price of a roll of film?

Where lies liability?

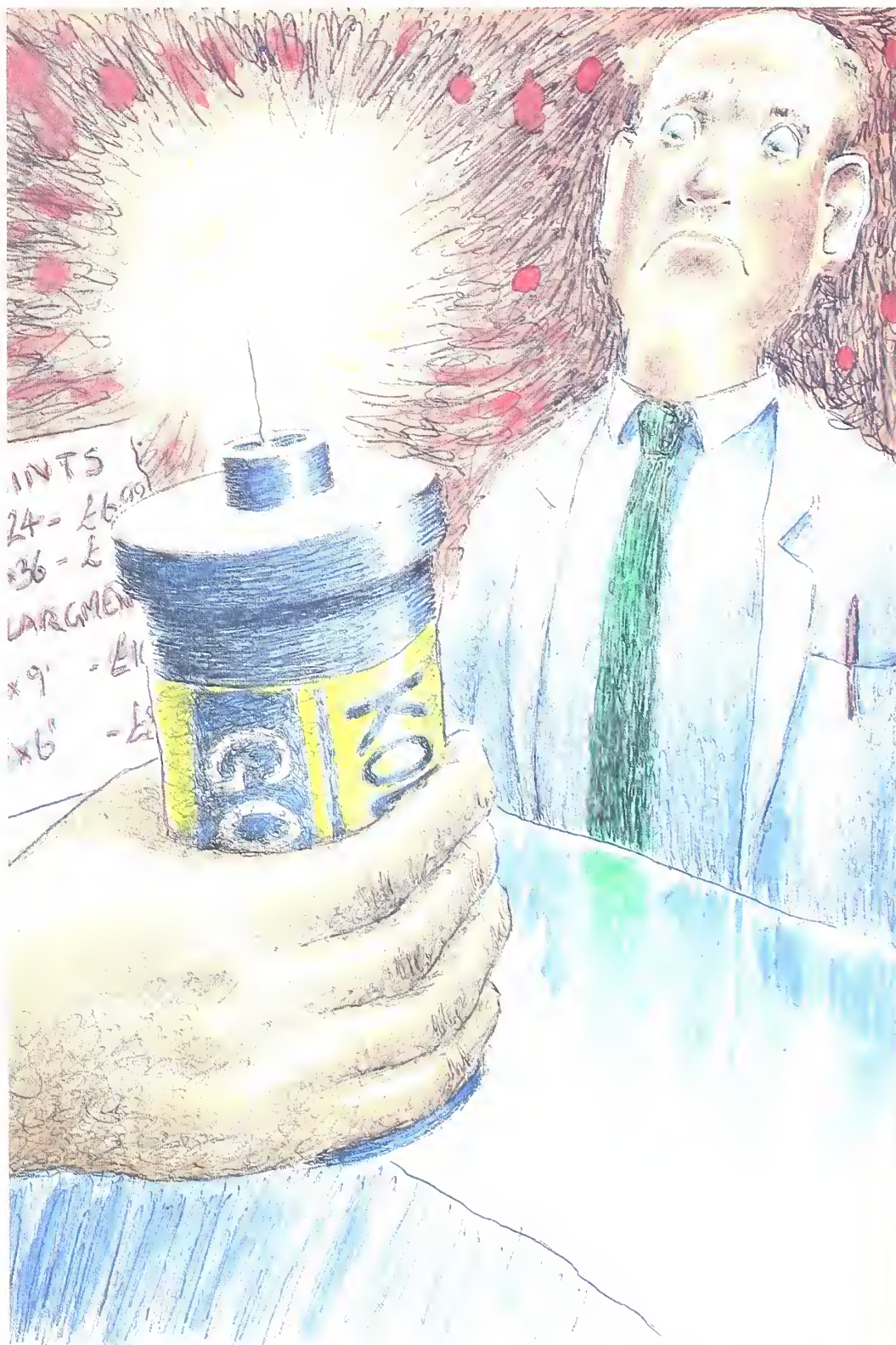
A legal contract comes into being when a customer hands over his roll of film to the pharmacist to be processed.

There may be no further discussion, but a pharmacist often displays notices which form part of the contract with the customer. These often include the price, type of service and other conditions, which customers may be treated as having read and agreed to.

Those conditions often say that if the developed prints are not delivered to the customer for any reason, the pharmacy will not be liable for their loss, or that compensation for their loss will be limited to providing a replacement roll of film.

In order for a clause restricting or excluding liability to be effective, it has to get over the following three hurdles:

- it has to be incorporated into the contract
- it has to cover the events which have arisen
- it has to be valid under the Unfair Contract Terms Act 1977 and now, following the recent implementation of an EC Direc-



tive, also the Unfair Terms in Consumer Contract Regulations 1994.

Part of the contract?

To be effective, any condition must be agreed at the time the contract is entered into. An exclusion clause can be incorporated by bringing it to the attention of the customer – for example, by words printed on the back of a document or the display of a notice on or near a counter.

It has been held that a notice on the back of a door was not brought to somebody's attention. Similarly, customers will not be bound by conditions on a receipt because this is given out after the contract has been made.

The wording of conditions should be given its natural and ordinary meaning, and if there is any ambiguity, it should be interpreted against the person who seeks to rely on the clause.

It is therefore in the pharmacist's interest to ensure that exclusion clauses are drafted in clear and precise terms.

Unfair contract terms

The most important control on exclusion clauses is found in the Unfair Contract Terms Act 1977.

UCTA provides that, where one of the parties deals as a consumer or on the other party's standard terms of business, liability cannot be excluded in respect of a breach of contract or a contractual performance substantially different from what was expected, unless the contract term is reasonable.

It is the pharmacy owner who would have to prove his contract terms were reasonable. If he cannot, the courts would not allow him to rely on them.

UCTA contains guidelines to help decide if a contract term is reasonable, such as whether the customer received an inducement to agree the term, and whether the goods were processed specially for the customer.

The effect of the Unfair Terms in Consumer Contracts Regulations 1994 has been to widen the scope of UCTA. It requires contract terms to be in plain and intelligible language, a major break with tradition!

It also provides an illustrative list of terms which may be considered unfair, and places emphasis on the rights of consumers and the importance of acting in good faith.

Damages

The object of awarding damages for a breach of contract is to put the injured party in the position he would be in had the contract been successfully performed.

But what loss will be compensated? In the leading case of

Hadley vs Baxendale, the court held that compensation would only be awarded which fairly and reasonably resulted from the breach of contract, or for damage reasonably supposed to be in the contemplation of the parties.

In the case of lost photos, the actual physical loss is the roll of film, so the supply of a replacement film may sometimes be adequate compensation. But can there be a claim for the distress of losing photographs or the disappointment of not receiving the photographs?

In a Scottish case, damages were awarded for disappointment at the failure of a photographer to turn up at a wedding. But the usual rule of recovery under contract law would not allow compensation for anguish or annoyance.

If a customer says before handing over his film that it contains a unique record of a special event or location, or the pharmacist offers a special service for valuable film, the pharmacist accepts the roll for development at his own risk. If the customer's photos are lost, then he may have to pay damages to put the customer in the position he would have been in if the photos had been handed over.

If the special value is made known, the courts are unlikely to allow the compensation to be restricted to a replacement film.

In the case of lost wedding photos, there is anecdotal evidence of compensation being awarded to cover the cost of hiring morning suits so that the happy day can be re-enacted for the benefit of the camera.

However, in the case of lost holiday snaps, the Courts are unlikely to award the full cost of a holiday as compensation.

Back to Antarctica

And so what about an explorer who claims for the cost of another trip to Antarctica?

He has to show it was within the contemplation of the parties when he gave in his film that items of such scientific importance were being handed over for developing. But unless the value has been explicitly described to the proprietor or a responsible member of staff, the courts are likely to give the cold shoulder to any suggestion that the pharmacy should pay for an Antarctic expedition.

Charles Russell is a leading law practice based in London. It has a network of offices in southern England and has become well known for its pharmacy work, company/commercial and commercial property advice, in addition to its established litigation, private client and family work.

APS recovers from stumble

Drumming up demand for a new product can be an expensive mistake if you then cannot satisfy that demand, as the Advanced Photo System industry found last year. But, as **Guy L'Aimable** reports, it is fully geared up for 1997

All the best laid plans of mice and men ... most camera and film manufacturers were hopping with excitement last year as the Advanced Photo System made its grand entrance.

The system has many benefits – APS film, for example, has a magnetic coating which is used by APS cameras to pass on information about lighting conditions to photographic processors.

This process creates an excellent print every time. Film cartridges can be changed midway through shooting and reloaded later without losing exposures.

A lot of hype and razzmatazz followed. Consumer interest, fanned by media attention, was high. But there was a snag. Camera shops did not have enough APS cameras to meet demand. In fact, relatively few APS cameras were available.

"It was a bloody disaster," says Oliver Carey, Agfa-Gevaert's national sales manager for minilabs. "It wasn't co-ordinated well. All the camera sales were too late, and if you cannot get the camera, you cannot sell the film. Some APS film supplies were also late."

Despite this, APS films still accounted for 3 per cent of film sales last Christmas. Supplies are no longer a problem – walk down any High Street and you will see electrical stores and shops brimming with APS cameras.

They currently account for about 12-15 per cent of camera sales and are expected to reach 25-30 per cent by this Christmas. Konica says 50 per cent of compact camera purchases will be APS during the festive season.

By 2000, 20 per cent of films processed could be APS. It is clearly not going to take over the 35mm market overnight.

Janet Logan, group product manager in Fujifilm's consumer photographic division, says APS's development is dictated by the huge number of 35mm cameras still being used. "The whole

thing pivots on camera sales. Most homes have at least one camera, some have three or four, but they are not everyday purchases and it is when those need to be replaced that most people seriously think about making the change to APS," she says.

Fujifilm has two APS single-use cameras – Fujifilm Quicksnap Super Slim and Fujifilm Quicksnap Super Slim Flash – for consumers who want to try out APS without having to replace their 35mm cameras.

Last year, consumers bought 95.7 million rolls of film, 91 per cent of which were 35mm, according to Kodak. The film market, worth £233 million, grew 3 per cent. It has the potential to be a lot bigger. UK consumers are not snap happy by international standards; each uses annually about three rolls of film, averaging 90 pictures. The Japanese – albeit an extreme example – annually use about eight rolls.

Should you stock APS film or not? Numark says you can decide by asking yourself the following:

- how many films do you sell?
- how many of these come back for developing and printing?
- how many developing and printing orders are upgraded to include reprints and extra sets?
- are you aware of the profit impact for upgrading a developing and printing order?

APS film is about 50 per cent more expensive than 35mm film and its technical versatility offers far more potential for reprints. If a number of your customers are using APS cameras, it clearly makes sense to stock the film. And if you do, Ms Logan advises you to use point of sale material to alert your customers.

Given the size of the 35mm market, manufacturers are still investing a lot of money in it. Fujifilm, for example, recently launched two 35mm compact cameras, called DL 290 and DL Super Mini Zoom.

Continued on P28 ►

Swains International, whose warehouse stocks over 10,000 photographic lines, can offer useful advice on what to stock.

So there you have it – 35mm and APS will co-exist for many years yet. And both are being promoted heavily as the peak summer period approaches.

Digital imaging

Where does that leave digital imaging cameras? These are a revolutionary step ahead of APS. You do not need film. Having taken the pictures, attach the digital imaging camera to a PC, download the images, manipulate them on-screen and print out 'hard copies'. Alternatively, store the images on a disc and take it to a suitably qualified processor for photographic prints.

Digital imaging is still in its infancy – you can obtain reasonable quality images only from extremely expensive cameras. Low-priced digital imaging cameras (\$200) produce poor quality images. But one industry observer says that price tag could buy you a good quality digital camera within two years, such is the technological pace being set.

Digital imaging will become more important in future, but camera and film manufacturers agree it will complement APS, not supersede it. For now, digital imaging is a specialist development confined mainly to professional or wealthy photographers.

Taking the plunge

A minilab offers a pharmacy tremendous profit potential under the right circumstances. Guy L'Aimable studies the options

To have or not to have a minilab, that is the question. Judging whether one would work in your pharmacy is not easy. Many factors are involved. You need to assess, for example, whether your outlet is in a good location and whether other photo processors are located nearby.

Oliver Carey, Agfa-Gevaert's national sales manager for minilabs, says they do not suit every pharmacy, which is why minilab manufacturers calculate their equipment's potential profitability before they agree to a sale.

It does not make economic sense to sell minilabs to everyone. "Having calculated the market share, we could suggest to the pharmacist that if he installs a minilab, he could start a price war, which is not what you want," he says.

Minilabs are not cheap. A mid-

range Agfa model is \$80,000, while the industry average is about \$50,000.

But Imaging Systems Group, a division of Photo-Me International specialising in minilabs for pharmacies, says the cost has been decreasing in real terms.

For those who are still deterred by the prices, minilab manufacturers offer financing arrangements. As a rough estimate, a pharmacist would pay about \$1,500 a month over five years for an Agfa lab worth \$80,000, although the company stresses the payments depend on the package arranged with its customer. Quite often, the pharmacist can pay for the machine from his cash flow.

That investment is offset by extremely high margins – up to 70 per cent on film processed within one hour, which is why operators are encouraged to sell 'premium services'.

Statistics about how many pharmacists own minilabs tend to vary. Mr Carey guesses that fewer than 400 pharmacies have them, but he says another 1,600 have the potential to be owners.

The latest models, such as Konica's Nice Print Ecojet S58-J-



Agfa-Gevaert's Oliver Carey

A, can handle both Advanced Photo System and standard film formats. Pharmacists with older models can upgrade them to take in APS for about \$15,000. Before they do, Konica advises them to investigate local demand for APS processing and to look at the possibility of working for a network of other minilabs.

ISG, which says pharmacists account for 95 per cent of its customers, conducted a survey about their attitudes towards APS. Many had a 'wait and see' approach, but virtually all expected it to make a permanent impact. The question was when that would occur.

"Smaller retail pharmacists recognised that serious future participants in the processing market would have to offer an APS service, but expressed concerns about the cost of entry-level machines," says ISG.

Next year, ISG will launch two minilabs – the AKS300 and AKS650-Z – that offer APS services and that are tailored to pharmacists.

Noritsu UK, meanwhile, has teamed up with Kodak to offer a minilab package that specialises in processing films within one hour. The package includes consumer promotions and free signage featuring the pharmacy's name and the Kodak brand.

Those who already own minilabs, says ISG, should continue to focus on 35mm for a few years, even if APS appears to be growing at its expense.

"The high volume of ownership of 35mm cameras, and the preference which many photographers will have for this format, will ensure that demand for 35mm processing will be sustained far beyond the working life of even the most durable minilab," it says.

Do your homework to decide whether a minilab will pay

If you do your homework and plan carefully, you can benefit substantially by installing a minilab. Julian Mitchell agrees. His family runs a chain of six pharmacies, called Cornwell's Chemists, whose film processing used to be handled by Colourcare.

However, last November, Mr Mitchell decided to offer his own processing service, and paid about £50,000 for a Fujifilm SFA 238 minilab. This was installed in Cornwell's branch in Newcastle-under-Lyme. He also joined the Fujifilm Image Service network and made full use of Fujifilm's point of sale material.

Mr Mitchell admits he was a bit nervous about using so much branding, but says the Fujifilm brand association has helped him to establish his new service.

Fujifilm provided a three-day training course for staff, but the company says the minilab's automation does not require highly-skilled operators.

Location is an advantage. Newcastle-under-Lyme has about 12 photo processors, but Boots is the outlet's only competitor for a one-hour service. That service accounts for about half of Cornwell's D&P work.

In low season, the outlet processes about 15 films daily. Mr Mitchell says the minilab has the potential to add another 50 per cent to the outlet's profits.

He is now looking at operating a collection and delivery service for the other five stores.





Our prescription for boosting your **D&P Profits**

By becoming a Kodak Processing customer and offering our range of premium D&P services, you can increase your profit margins, which is very good for your financial health.

So why not boost your profits by offering your customers the chance to trade up to *Kodak Trio* prints (3 prints in 1), 5" Prints (13cm), the unique *Kodak Photo Story* album or the *Kodak Advanced Photos* service for the new Advanced Photo System.

No other photographic processing company offers pharmacies a wider package of services tailored to meet the needs of your customers.

And we make it even easier for you, with special consumer promotions, outstanding point-of-sale materials and an unbeatable level of service.

It's a great tonic for your bank balance!

Kodak Processing 

To find out more about the service Kodak Processing can offer contact Chris Tully at Kodak Processing on 01442 844573 or fax 01442 845123.

Busy bees

Photographic companies' well oiled marketing and publicity machines have been cranked up to maximum power to support three photographic formats

With three formats in the market to support – 35mm, Advanced Photo System and digital imaging – the photographic industry is extremely busy this year.

In January, Kodak launched Kodak KB10, a 35mm camera priced at \$16.99 to appeal to the first-time buyer. And last month, it introduced three 35mm films: Kodak Royal Gold, Kodak Gold Ultra and Kodak Gold Zoom.

The company says three million 'zoomers' in the UK annually consume about nine million rolls of film. Kodak Gold Zoom is faster and more light sensitive than standard films. Kodak Gold will be supported by a television campaign, which begins in June

and a press advertising campaign beginning next month.

Kodak Processing is also targeting mothers with children through a promotion running only in pharmacies. Customers can obtain a free BBC video (worth \$9.99-\$10.99) for every three Kodak Trio proofs of purchase. Kodak Trio provides one large print 6 x 4in and two identical small prints, 2 x 3in.

Fujifilm, meanwhile, is offering single packs of Fujicouleur Super G Plus 400, a faster 35mm film, for the same price as the 100ISO version until the end of August. And it is offering 48 frames for the price of 32 on twin packs of the 400ISO and Fujicouleur Super G Plus 200. The promotion runs throughout the spring.

The company is upgrading its Quicksnap single-use cameras to take 800 speed film, which is faster and more versatile than the Super G Plus 400. Quicksnap will also feature new telephoto, marine and panorama versions to complement the standard and flash models.

As only 10 per cent of the population have ever used a single-

use camera, the market still has a lot of potential. And its impulse purchase nature makes it ideally suited to pharmacies.

Kodak claims it had an 85 per cent share of the UK single-use camera market last year. The market grew 29 per cent to about 43 million units and is expected to expand again this year.

Concord Camera, meanwhile, is due to launch two Thomas the Tank Engine cameras, and it will relaunch Le Chic reusable cameras with new colours.

Polaroid introduced the Polaroid SLR 690, a single lens reflex, autofocus camera with a built-in flash. It uses Polaroid

Type 600 Plus film, each pack of which contains a Polapulse battery to power the flash.

Agfa is offering a free Agfa HDC 200 film for every two sold, for both 24 and 36 exposures.

On the APS side, Konica will support the format with a television campaign, which will run on Sky TV from May to August and during the run-up to Christmas.

Polaroid recently launched two APS cameras: Polaroid 5500 Fixed Focus at \$69.99 and the 6500 Auto Focus at \$79.99. Both cameras offer a choice of three print formats: classic, high definition television format and panoramic.

BATTERIES

Testing times for batteries...

Duracell claims to have won its battle with Ever Ready during last year's peak Christmas selling period.

Both companies launched power testers for their batteries in the lead-up to Christmas. Duracell Powercheck has two white spots on the side, which reveal a yellow strip when pressed. The strip's length indicates how much power is left. Ever Ready Energizer's system has two green dots that reveal an 'indicator window'.

Duracell's heavyweight backing for Powercheck last year appears to have worked. The Powercheck format raised the company's volume share of the alkaline market by 2.4 per cent to 49.4 per cent from June-November, 1996, compared with the same period last year, according to its figures.

Energizer's volume share during the same comparable periods fell 1.9 percentage points to 16.7 per cent.

Duracell's share of the general

purpose battery market grew 1.6 percentage points to 28.5 per cent for the four weeks to December 28, compared with the same period in 1995, while that of Ever Ready dropped 1.7 percentage points to 19.9 per cent.

Duracell says it plans to introduce the Powercheck feature on its AAA, C and D batteries and its 9V pack in the spring.

General battery sales through pharmacies amounted to \$28.03 million last year, of which 79 per cent were alkaline (up 3 per cent on the previous year's figures) and 21 per cent were zinc (down 3 per cent).

Battery sales through other retail outlets were worth \$173.11m, 68.6 per cent of which was spent on alkaline batteries and the rest on zinc.

Duracell is stressing again that long-life lithium batteries are more suitable for modern cameras than alkaline versions. Three of the company's lithium brands – DL123A, DL223A and DL245 – account for more than 80 per cent of lithium sales.

Here's an exciting profitable new business opportunity!

Hour Processing

Research suggests that on-site 1-hour film processing is one of the most viable options available to retailers today to increase their profit potential.

Noritsu, the world's No.1 photographic minilab supplier, in co-operation with one of the world's leading photographic brands, Kodak, are providing you with the opportunity to create your own on-site 1-hour photo processing business with the Kodak Products 1-Hour Film Processing Package.

This package provides you with:

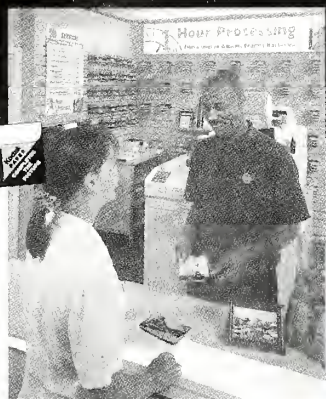
- FREE feasibility study and business projection analysis.
- Widest choice of the latest minilab equipment.
- Full technical training and continued after-sales support.
- Professional merchandising service on a regular basis.
- Consumer promotions and other promotional support.
- Design and shopfitting service.
- FREE signage featuring your shop name and the Kodak brand ID.
- Financial assistance (subject to status).

For more details call 01908 360300

NORITSU

The World's No.1 Minilab Supplier

Noritsu (UK) Limited, Sherbourne Drive, Tilbrook, Milton Keynes, MK7 8BG.



Duracell's big three lithium photo batteries – the DL123A, DL223A and DL245, plus its DL245 battery for APS cameras

The most profitable square metre in your store?

There is nothing that increases the turnover of a D and P counter so much as a display of frames. The customers see them at just the right moment when they collect their prints and are thinking about display.

Swains International plc, the leading photo and digital wholesaler, have now introduced a spinner stand, which is available on free loan, filled with a range of their attractive and competitively priced Memorie frames, to take advantage of these sales opportunities.

The sizes of the 136 frames supplied with the stand are 4 x 6 ins, 5 x 7 ins, 6 x 8 ins and 8 x 10 ins and each frame comes complete with two reversible card mounts.

The frames come in one of 12 profiles, which include Gilt, Mahogany, Walnut Dome, Floral Pink Dome, Pinstripe Gilt, Raised Yew, Poppy Gold and Reeded Walnut finishes.

Retail guide prices run from £1.99 to £6.99, making them attractive to customers in terms of price as well as appearance.

Extended payment terms are available for those wishing to see their frame sales increase and there is a generous 43% profit on return.

FREE LOAN MERCHANDISER

HOLDS 136 FRAMES

IN 12 DIFFERENT PROFILES

SPEND £228.35

RETAIL VALUE £471.74

EXTENDED PAYMENT

SHOWS 43% PROFIT ON RETURN!!

TAKES UP LESS THAN 1 SQUARE METRE

EACH FRAME IS SUPPLIED WITH 2 REVERSIBLE CARD MOUNTS

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Tel: 01485 536200 Fax: 01485 536211

QMS
REGISTERED FIRM

For further information on these and other frames please contact Swains International plc, Eastland House, Westgate, Hunstanton, Norfolk PE36 5EW.



INVESTORS IN PEOPLE



Telephone: 01485 536200 or Fax: 01485 536211



Politics in the pharmacy

What do the Conservatives, Labour and the Liberal Democrats plan for community pharmacy should they win the election? *C&D* asked party spokesmen Stephen Dorrell, Chris Smith and Simon Hughes to give their parties' standpoints on some of the key issues:

- pharmacists' NHS remuneration – is it adequate, is it paid promptly, is the contract restrictive?
- prescription charges – can people afford to pay, should pharmacists 'police' exemptions?
- dispensing doctors – do they have a place?
- continuing professional development – should this be mandatory?
- pharmacist prescribing – should pharmacists be able to follow the example of nurses?
- pharmacists in primary care – where will the new Primary Care Bill lead?
- availability of medicines – where do the parties stand on Resale Price Maintenance, mail order dispensing and contract limitation?

Who knows? Their answers may even sway your vote in the forthcoming general election ...

Liberal Democrats promise action on late payment and script charges

Today's pharmacist faces many pressures from many directions. Liberal Democrats believe that the role of the community pharmacist is a crucial one, and we are determined to see it continue. We hope and believe that pharmacists have a major role to play in the move towards a primary care-led NHS.

Pharmacy remuneration

We are well aware of the pressures put on small businesses by late payment of debt and propose that they should have the right to charge interest on accounts which are paid late. The remuneration system for pharmacists should be changed with a view to payment within a maximum of 30 days from the end of the month.

The increasing use of patient packs means that some of the pharmacist's traditional roles – making up medicines or dispensing from bulk – are almost defunct, and will become more so in the future.

This should create time for the pharmacist to develop a new primary role of counsellor and adviser.

Prescription charges

For many, prescription charges are prohibitively high. They have increased by 1,700 per cent under the present Government. People should never be put into a situation where they cannot afford the medicines they need – this flies in the face of all that the NHS stands for.

Liberal Democrats will freeze all prescription charges at their current levels immediately (at a cost of \$9 million per year), before a comprehensive review of all prescription charges and exemptions.

Dispensing doctors in rural areas

We believe that doctors should only dispense in exceptional circumstances. David Lloyd George made it clear that prescribing and dispensing should as far as possible be kept separate.

Many dispensing doctors allow unqualified personnel to dispense. Dispensing doctors normally have only a limited range of medicines available to them, which are often provided at a special discount by pharmaceutical companies.

However, it is undeniable that many people, particularly in

rural areas, find it difficult to reach a pharmacy and prefer to obtain their prescriptions from the doctor's premises. If both parties are really interested in the quality of service to the patient, they need to be working closely together. The trend is for closer co-operation in primary care. This ethos should extend to doctors and pharmacists as well.

Continuing professional development

I would like to see continuing professional development made mandatory for pharmacists, especially if their role is to be expanded. The important issue to address is whether the requirement would be for attendance at training, or a move to formal accreditation which would require proof of achievement, knowledge and competence.

Pharmacist prescribing

Most community pharmacists have already proved that they can responsibly and effectively provide a wider range of medicines with the switching of products from POM to P status. We would encourage the Medicines Control Agency to give further consideration to transferring more preparations to P status.

The primary care team

Pharmacists' skills have been under-utilised in the past. Because of their ready accessibility to the general public, they are ideally placed to improve health education, to supply medicines for minor ailments and to have a greater responsibility for repeat prescriptions. We believe such initiatives will help improve the nation's health.

Professionals working together is the best way forward. Creative thinking should be applied to find the appropriate 'business model' to provide the best service for the patient. The current Primary Care Bill and related proposals should do much to encourage this.

Availability of medicines

With the Office of Fair Trading's decision in October to refer Resale Price Maintenance to the Restrictive Practices Court, the ability of many small pharmacists to survive may soon be severely restricted. The implications are obvious, particularly for the old, infirm and less



Simon Hughes, Liberal Democrats

mobile sections of the community. We are therefore opposed to the abolition of RPM, at least until the future of community pharmacies can be guaranteed and their crucial place in the NHS assured.

There is a balance to be struck between the beneficial and harmful effects of medicines. They should, wherever possible, be sold from pharmacies which can be relied upon to discourage inappropriate use.

Mail order dispensing is an extension of home delivery, a service already provided by a number of pharmacists. However, the introduction of wide-ranging mail order services for medicines needs to be safeguarded. Professional advice and dispensing need to be maintained, but as long as this is the case, mail order can be very useful to those who find it difficult to reach their nearest pharmacy. There is no reason why this could not be organised by an individual pharmacist in a locality, instead of just by the large organisations.

Tories look at training for any new primary care roles

Pharmacy remuneration

Government policy on the payment of invoices requires departments to observe contractual or general conditions regarding the timing of payment or, where no such conditions or accepted practice exist, to pay within 30 days of receipt of goods and services or the presentation of a valid invoice.

In the case of the pharmacists, the current timetable has been accepted practice for many years.

Prescription charges

Only those who can afford to pay are asked to pay prescription charges. Extensive exemption and remission arrangements protect those who are most likely to have difficulty paying – indeed we recently extended exemption to all those aged 60 or over.

This year, prescription charges will contribute some \$310 million

Continued on P34 ►



Health secretary Stephen Dorrell

◀ Continued from P33

for NHS patient care. The prescription charge is still substantially below the estimated total average cost of a single dispensed item at \$9.60.

Dispensing doctors in rural areas

The Government's policy is that doctors should prescribe and pharmacists dispense, thereby making the best use of the time, skills and experience of both professions.

However, in some areas, normally rural ones, a community pharmacy could not be viable, and dispensing doctors then provide a valuable and important service to their patients who would otherwise have significant difficulty in obtaining the medicines they need.

Doctors who dispense medicines with the permission of the health authority are reimbursed their costs, taking into account

on-costs, storage needs, container costs and a VAT allowance where appropriate.

Some practices use these resources to provide extra primary care services for patients. However, they cannot provide a full pharmacy service or sell additional merchandise.

Continuing professional development

In the recent White Paper, 'Primary Care: Delivering the Future', the Government reiterated its endorsement of the goal of the Steering Committee on Pharmacy Postgraduate Education that all pharmacists providing care to NHS patients should participate in lifelong learning.

Recognising that within their Code of Ethics all pharmacists are expected to undertake some continuing education as part of their professional development, the Government indicated its keenness to re-open discussions

with the profession on a link between participation in continuing education and the Terms of Service for community pharmacists. This will secure a visible means of underpinning continuing competence to practice.

Completion of a training course is already a prerequisite for providing certain services, such as advice to residential and nursing homes. This approach is likely to be continued with new pharmaceutical services.

Primary care opportunities

The Department of Health funded 17 pilots during 1995-96, which looked at the benefits of closer working between community pharmacists and GPs using a number of different models: for example, formulary development, prescribing seminars, repeat prescription review and audits of prescribing in nursing homes.

The Department will make

available an evaluative summary report in due course.

Meanwhile, partly as a consequence of some of the positive results from these projects, the Department has allowed health authorities to 'top slice' some of their GP prescribing budgets for 1997-98 to allow funding for pharmacists with suitable skills to work with GPs to improve the quality and cost-effectiveness of repeat prescribing.

Availability of medicines

Resale Price Maintenance is a matter for the Department of Trade and Industry.

The director general of Fair Trading has made the decision to ask the Restrictive Practices Court for leave to apply for a discharge of the 1970 court order which allows RPM on non-prescription medicinal products.

The Court is not expected to make a decision until spring 1998.

Viability of pharmacies on Labour agenda

Pharmacy remuneration

Labour is committed to action on late payment – and that includes late payment by Government departments. It is important that community pharmacists receive prompt payment for their services and we will look at how the system can be streamlined.

I have not had many representations about the size of the dispensing fee, but, if this is an issue, I would be happy to look at it as part of an examination of the overall payment system.

Prescription charges

Prescription charges now stand at ten times the level that they were under the last Labour Government, even allowing for inflation. The Labour Party is committed to a review of all ancillary charges in Government and this would include prescription charges.

People should not be denied access to medicine because of its cost, but those who can afford to pay should do so. The majority of those who claim exempt status are genuine. Adding to the pharmacist's burden by asking him or her to 'police' the public is unhelpful, but pharmacists do have a role in protecting the public purse from fraud.

Dispensing doctors in rural areas

Labour wants doctors and pharmacists to work together as part of a healthier team. Government should take a lead in ensuring there is a long-lasting and workable agreement.



Chris Smith, Labour's shadow health secretary

Continuing professional development

All health professionals should remain up to date on developments within their sphere of expertise.

Labour is committed to a tram-

ing revolution in Britain that will help us all update our skills and acquire new ones. A Labour Department of Health will give clear encouragement to all health professionals to take up the training opportunities that will be created.

Pharmacist prescribing

Pharmacists play a valuable role in dispensing advice and over the counter medicines for minor ailments. Certainly, this should continue.

Equally, the nurse prescribing pilot sites show that health professionals other than doctors can prescribe safely and effectively in clinical environments. I would want to look further, however, at the scope for extending permission to prescribe to pharmacists in non-clinical settings, not least because of the complexities of access to medical records.

Primary care

Labour is committed to a primary care-led NHS, and there will be opportunities for an expanded role for pharmacists in the future. Labour played an important role in ensuring that the role of community pharmacists was included in the Primary Care Bill.

However, extra responsibilities should not simply be loaded on to pharmacists without a proper evaluation of the costs and benefits, and proper consideration of the changing relationship between pharmacists, GPs, community health workers and

hospital clinicians.

Labour would like to see new structures piloted and fully evaluated before the NHS commits to major changes in the current division of responsibilities.

Availability of medicines

Labour is not convinced that abandoning Resale Price Maintenance would necessarily be good for consumers or in the public interest – especially if it meant less choice of medicines, and fewer places to buy them or to get expert advice.

However, now that the issue is with the Restrictive Practices Court, the scope for politicians to have influence is small.

I would hope that whatever the eventual fate of RPM, some mechanism can be put in place which will both protect small, local pharmacies and ensure that quality, affordable products continue to be available from them.

NHS contract limitation

It is important that all areas have ready access to a local pharmacy and Labour would want to look at methods of ensuring that there is comprehensive coverage for pharmacy services.

Mail order prescriptions

It is important that patients remain in contact with their doctors and pharmacists to ensure that prescribing is appropriate, and that the issuing of repeat prescriptions is monitored. These things cannot be guaranteed by mail order.

Sweet Talk No 2

If you need information or advice on how to maximise your profits from sweetener sales, then ask the 'Category Managers'

Market news

The sweetener market has witnessed steady growth over the past five years, with sales increasing from \$52 million in 1991 to over \$59m in 1996.

Category specialist

Because sweeteners come in a choice of formulations, ie saccharin and non-saccharin, and a choice of products, ie tablets and granulateds, the market is best segmented into three categories – traditional saccharin tablets, new generation aspartame and acesulfame K tablets, and granulateds.

Hermesetas is the only brand with products in all three. The Hermesetas Original tablet range is saccharin-based, with the 1200 dispenser still the most popular pack. The Hermesetas Gold range is new generation sweetener-based, with the 500 refill pack helping to develop this line.

Granulateds growing

With regard to product type, tablets continue to dominate

the market, accounting for 65 per cent of sales by value and 85 per cent by volume in 1996. However, the more premium-priced granulated sweeteners have grown dramatically in



recent years, with products such as Hermesetas Gold Granulated for sprinkling, or the recently-launched Hermesetas Original Granulated. This product is the first low-calorie granulated sweetener, which, unlike other granulateds on the market, really can be used in cooking and baking.

Advertising and support

Last year saw the start of a brand-new stylish and modern image-building advertising campaign for Hermesetas which will carry on through 1997. Against a heavily-weighted magazine campaign, Hermesetas can be seen back on television in the spring with a dramatic new commercial.

Not only is the advertising proving highly successful but so is the ongoing promotional support that has been given to the brand. With the highest-ever level of

competitions, offers and on-shelf activities planned for 1997, Hermesetas can expect to remain firmly established as the No 1 sweetener brand.

Consumer service

Recent activities have enabled Hermesetas to get closer to its consumers. The brand has been able to maximise on this by producing a stunning set of wipe-clean recipe cards in association with the recently-launched Hermesetas Original Granulated Sweetener. Over 25 recipes comprise this set and they are a valuable source of information for everyone – slimmers, diabetics or those who just want to watch what they are eating.

Consumers who want to know more about this product or any of the products in the range can write to:

"I just love those sweet nothings with my morning coffee."



HERMESETAS
The taste good factor.

Hermesetas Consumer Service, Dept CD01, Boswell House, 37/38 Long Acre, London WC2E 9JT. Tel : 0171 836 3927.

Trade benefits

Because of its experience and expertise in marketing successful brands in the highly-competitive sweetener market, Hermes Sweeteners and its UK distributor, the Jenks Group, are now considered by leading members of the trade to be the Category Managers. If you need information or advice on how to maximise your profits from sales of sweeteners, then get in contact today.

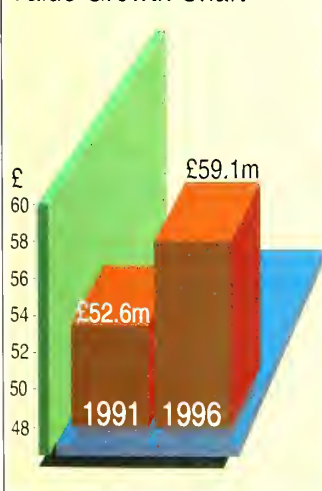
The entire range of Hermesetas sweetener products is distributed in the UK by the Jenks Group (01494 442446).

More information on the sweetener market coming soon in Sweet Talk No 3.



This advertisement feature has been prepared by Hermes Sweeteners.

Value Growth Chart



Support your local pharmacist

I have great respect for Ramesh Sutaria, who has for many months had to endure a campaign of intimidation against him and his pharmacy in Crawley Down, organised by those who support the local dispensing doctors. He, and others like him who persevere in the face of often unpleasant campaigns, deserve our support and admiration.

As I said at the LPC Conference, I can well understand why pharmacists in his position might find it difficult to support compensation payments to doctors under the Clothier arrangements. While I understand Mr Sutaria's view, however, I cannot agree with it.

The Pharmaceutical Services Negotiating Committee is putting much effort into finding ways of changing the rural dispensing rules so that problems faced by Mr Sutaria and others like him become – as much as possible – problems of the past. Our efforts involve delicate discussions, not only with the Department of Health but crucially with the General Medical Services Committee.

There will be no progress without the consent and agreement of all sides. If our profession were now to renege on the agreement to pay Clothier compensation, I am convinced our task would become more difficult, perhaps impossible. Other pharmacists in rural areas would be destined to continue suffering like Mr Sutaria.

Presented with these considerations, the LPC Conference accepted my call to honour the Clothier agreement. The doctors have met all their liabilities under the scheme. We should do likewise. Honouring the

agreement is not the same as supporting the concept of doctors dispensing or condoning the kind of intimidatory tactics that have been used against some rural pharmacists. If it enables us to succeed in removing some of the most glaring anomalies in the rules, then I hope Mr Sutaria would agree that it is the right thing to do.

David Plumb

Chairman, rural practices standing committee, PSNC

Always an alternative

I write regarding J Clitherow's letter about the recent US ban on terfenadine and alternative recommendations. I am surprised that he seems to be tarring all antihistamines with the same brush by suggesting that the only alternative to terfenadine is a topical steroid.

There are a number of suitable systemic alternatives that have none of the cardiotoxicity problems associated with terfenadine. Loratadine, a second-generation antihistamine, is a classic example.

Mr Clitherow also mentions sedation, interactions with

alcohol and impaired driving. As a hayfever sufferer myself, I have followed with interest much of the research into sedation and impaired driving, and am confident that the second-generation antihistamines, such as loratadine, are not associated with these problems.

If terfenadine is out of the picture for hayfever patients, then surely it is logical to recommend a safe systemic alternative before opting for a topical steroid?

H V Patel
Bedford

What's in a name?

In their comprehensive article on pharmacists' contribution to smoking cessation, 'A helping hand' (C&D March 1, p22), Collette McCreedy and Georgina Craig mention a CPPE course, which they title 'Helping People Change'. It might be helpful for your readers to know that it is, in fact, called 'A Practical Approach to Health Promotion'. It is true that it was based on the Health Education Authority programme called 'Helping People Change'.

I hope many more pharmacists will ask for and attend the two workshops which make up 'A Practical Approach to Health Promotion', and that through this and other initiatives the profession will recognise that there is considerably more to health promotion in pharmacy than making leaflets available.

Michael Burden
Leicester

Is Boots above the law?

At last, it's official, Boots the Chemists appears to be a law unto itself. The High Court has overturned a Statutory Committee verdict of professional misconduct against Boots in the Durrington and Winterton collection/delivery cases. This gives a judicial seal of approval to a situation which is not only hard to understand but difficult to stomach. We are being asked to believe that Boots is above the Council of the Society.

However, the judge in the case has acknowledged that there was no dispute that Boots had gone against the Council's policy on collection and delivery services in rural areas where a pharmacy existed, yet decided that Boots' activities were not unlawful nor unethical.

If Boots were a caring company, then it should look to the profession of which it is part and patients in particular. Therefore, the company should stop the collection and delivery services in rural areas where the full pharmaceutical services are provided by the local pharmacy.

I hope that the RPSGB Council will continue to defend the policy, and the Statutory Committee will arrive at the same decision as it did before, since nothing has changed.

Ashwin Tanna
Dulwich, London SE22



Pharmacist John Gentle of J H Thomas Pharmacy, Oswestry, is one of three winners to receive a food and drink hamper in Stafford-Miller's character toothbrush competition. Three mystery shoppers toured the country looking for outlets that sited the toothbrush unit on the counter. Mr Gentle (left) was awarded his prize by Stafford-Miller representative Dave Pyle

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Access denied?

Child-resistant closures are an accepted part of medicines packaging, but they can frustrate the elderly as well as keeping out the young.

Dr Laxman Nayak, of the Centre for Applied Gerontology, looks at the scale of the problem and the preferences of elderly consumers

By 2000 there will be well over 115 million people aged 50 and over living in Europe. The majority of them will live in Germany, Italy, the UK, France and Spain

(Figure 1). In the UK, the over-50s will make up 33 per cent of the total population.

Improvements in medication and healthcare delivery have contributed to this increase in the older population. Other factors are better nutrition and an overall improvement in living conditions. The life expectancy of a 50-year-old male is about 25 years and that of a female is about 31 years.

It makes commercial sense to take into account the views and needs of these consumers while designing child-resistant closures. This will ensure that the older customer will be able to open these closures 'with ease'.

Research into disability conducted by the UK Office of Population Censuses and Surveys in 1988 indicated that over 6m



50= Market Projection - Year 2000

Figure 1

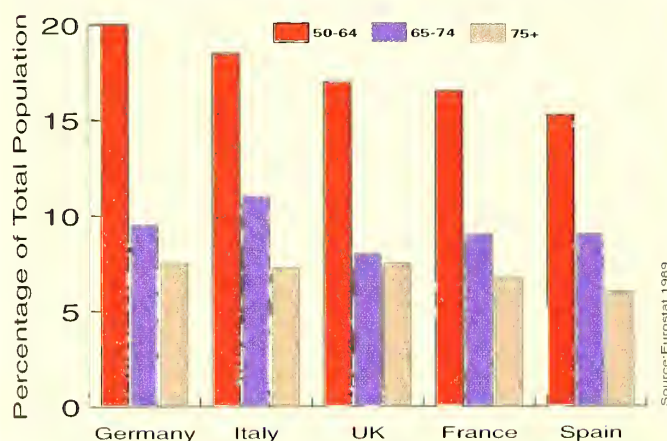
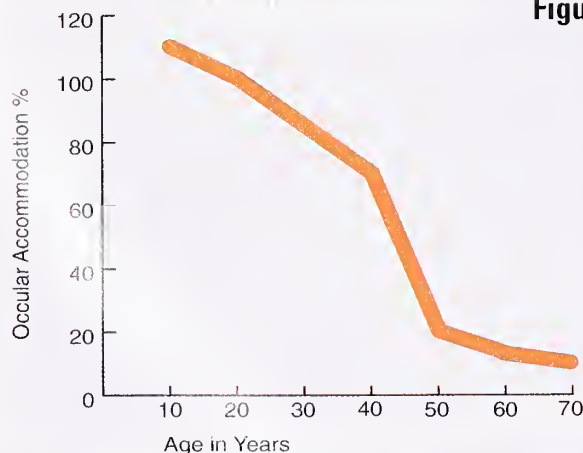


Figure 2



adults in the UK suffered from some form of disability. Almost 80 per cent of this population were made up of people over the age of 50.

From European disability research, we can estimate what the major impairments in 13 European countries are likely to be by the turn of the century:

- 18.7m with limb disorders
- 8.7m with hearing problems
- 7.4m with mental disorders
- 6.5m with visual impairments
- 6.1m with upper limb disorders
- 3.6m with difficulty in verbal communication.

While a vast majority of these disabled adults are older people, old age *per se* is not a disability. It is important to note that a lot of older people are healthy and lead an active life.

'Openability'

The three main functions involved in opening child-resistant packages are visual, cognitive and manual.

The visual function is employed in inspecting and identifying the mode of opening. The cognitive function relates to understanding and adapting to

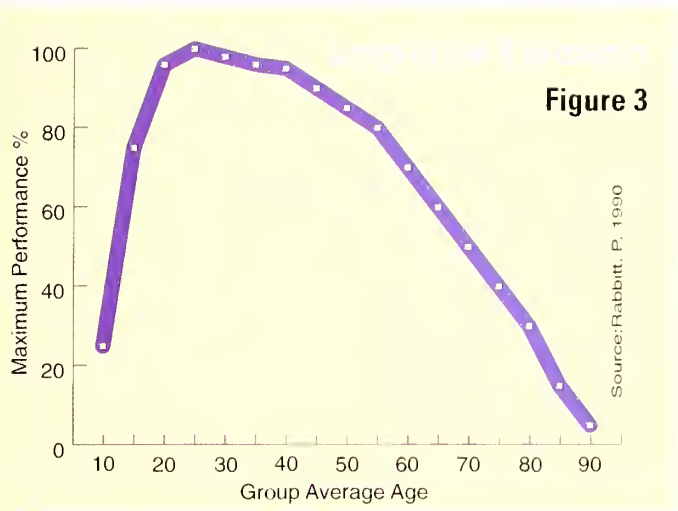


Figure 3

Source: Rabbitt, P. 1990

unfamiliar mechanisms; while the manual function uses muscular forces in opening packages.

It is important for the designers of such packaging to be aware of the limitations of these functions due to the ageing process.

● **Visual function**

Ageing is associated with a decline in physiological effectiveness, which affects all of us sooner or later and is an intrinsic part of the process of growing old.

Older people tend to have impaired vision (Figure 2 shows a reduction in focusing ability). The near-reading visual acuity diminishes with age; for a 70-year-old, for example, it is 30 per cent of that of a 20-year-old.

However, this situation can be improved by increasing contrast and illumination. With a maximum contrast (black and white), a letter size suitable, on average, for a 70-year-old is twice that which can be read by a 20-year-old (for example, four point type to eight point type, minimum).

This has implications for the design of texts and labels on medicinal containers. Tactile information, in Braille or in embossed writing (in contrasting colours), may also help the blind or people suffering from low vision in handling child-resistant packages.

● **Cognitive function**

There is a gradual decline in cognitive function due to the ageing process (Figure 3). This includes perceiving, learning, remembering, thinking, reasoning and decision-making. A child-resistant closure should be conceptually difficult for a child, but at the same time should not demand too much cognitive effort from the elderly.

● **Muscle function**

After the age of 25-30 years, there is a gradual reduction in the power and speed of muscular contraction, together with a decreased capacity for sustained muscular effort (Figure 4 shows a reduction in grip strength).

If the muscle strength deteriorates,

there may also be a reduction in the accuracy of movement. For example, a 70-year-old person is as strong as a ten-year-old, and only 60 per cent as strong as a 20-year-old.

Older people with a further reduction in strength due to arthritic conditions in the wrist and fingers may not be able to apply hand torque and pinch grips necessary to open child-resistant closures.

Child-resistant

By its very definition, a child-resistant closure should not allow a child (under the age of 51 months) to have access into containers used for medicines, household cleansing solutions and garden pesticides.

Very old people are more likely to suffer from chronic morbidity from multiple diseases – 20-30 per cent of older people are taking three or more medications. These various complaints may require concurrent drug treatment, and polypharmacy is known to be associated, among other things, with poor compliance.

One of the simple measures which can be taken to improve the compliance is to make child-resistant closures easier to open for older people. With people living longer and having age-related physiological changes, it has

become necessary to re-examine the concept used in a child-resistant design.

At present there are four versions of the design used in child-resistant closures.

1 Align arrows (or steps) and push off – the design needs hand/eye co-ordination, strength in the thumb and ability to follow instructions.

2 Squeeze pads and turn – the design expects the pads to be pushed in by the thumb and fore and middle fingers, while unscrewing at the same time.

3 Push down and turn – in this design, the closure is pushed into the base container and unscrewed at the same time. This operation can be done by the fingers or applying the palm grip.

4 Blister pack – the design involves piercing the foil and pushing the tablet out.

A focus group arranged at the Centre for Applied Gerontology, University of Birmingham, looked at the problems experienced by older people in using these designs. The group comprised volunteers with an approximate age of 55 years, all of whom lived independently in the community.

Their comments on each of the designs listed above are summarised below.

Align arrows and push off design

The participants felt that this design was difficult to use.

The difficulties were:

- lining up arrows due to a lack of contrast between them
- pushing off the closure due to diminished strength in the thumb and a lack of leverage offered by the design of the arrow (steps)
- a painful thumb due to sharp edges
- spillage of the contents
- reclosing the closure was not easy.

Squeeze pads and turn design

This was difficult especially for people with arthritic fingers.

The difficulties were:

- an application of a chuck pinch, using the thumb, index finger and middle finger (to deform the rigid plastic base), the localised finger force causes discomfort and pain
- slippage due to lack of grip while turning the closure
- no clear instruction on when to apply the squeeze force.

Push down and turn design

The push and turn design was found to be easier than the squeeze and turn design.

The difficulties were:

- small-sized closures difficult to grip and maintain the force while turning
- difficult to apply the force needed to push the closure down.

However, the concept was acceptable since users could apply their body weight and use the palm of the hand to execute the push and turn action. The instructions were generally easy to follow. The tamper evident collar found on some designs were seen as an important requirement in a child-resistant design.

Blister pack design

Some blister packs were easier than others to open, with the more difficult having to be cut with a sharp knife.

Participants indicated that there should be some instructions on how to open blister packs correctly. Some tactile information on the pack could also act as a guide for the visually impaired to avoid any spillage of the tablets.

In conclusion

Older people do prefer the use of tamper-evident, reclosable, CRCs for medication and household cleansing liquids, which are harmful to children. Well defined tactile danger warnings should be present on all CRCs.

Generally, the push and turn design seems to be the most favoured as it can be opened not only by the fingers grip but also by the palmed grip. To this end, the design should choose an appropriate 'removal torque' to match the performance of older people.

Any packaging graphics should be simple and instructions should be printed using high contrast text.

Blister packs should incorporate the child-resistant concept, according to the focus group, and the use of tools to open any child-resistant design should be discouraged.

This article is based on a paper presented at a recent PIRA seminar on child-resistant packaging. References available on request.

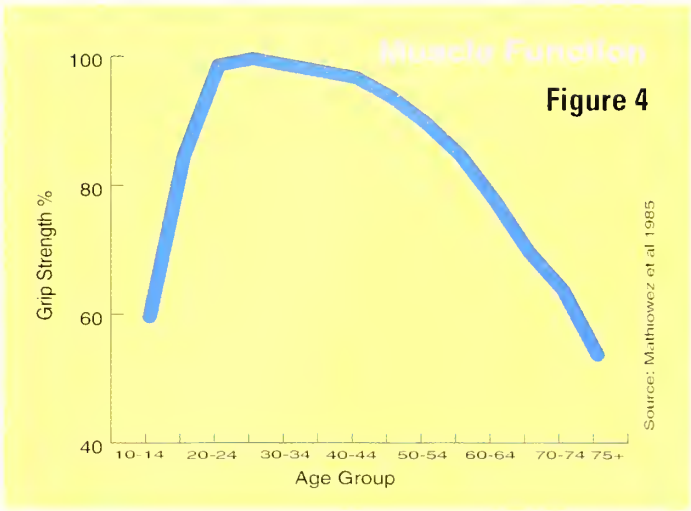


Figure 4

Source: Mathiowez et al 1985

Gehe to sell Holland & Barrett

Gehe has decided to sell Holland & Barrett, Lloyds Chemists' healthfood chain, and is talking to a number of UK and foreign buyers. These could include General Nutrition Center, a US health and vitamins group that plans to open 300 stores in the UK by 1999. The group said last year it would like to buy H&B (*C&D* November 2, p636).

Dieter Kämmerer, Gehe's chairman, said it would choose a buyer in about six weeks' time. He admitted that his company had wanted to sell the chain while it was bidding for Lloyds, but that it had delayed making a move until it had evaluated H&B from the 'inside'.

Meanwhile, Gehe will complete its review of Lloyds by the first half of April – a lot sooner than expected. Press rumours had suggested that the German company was thinking about introducing a pan-European name that would encompass its pharmacy interests, including Lloyds. But Mr Kämmerer said it was considering various options. "There's a lot of sense in keeping



Gehe's Dieter Kämmerer

the Hills' and Lloyds' names, but there is equally a case for introducing a new name."

However, he added Gehe's highest priority was to divest the seven Lloyds' depots, as the three-month period it had been given to sell them had proved to be "an extremely tight timescale". It would probably complete the sale on the last day of the deadline – April 19.

Mr Kämmerer's comments come as Gehe announced it had

doubled net profits to DM440 million last year, compared with 1995. The rise reflected the money earned from the sale of five pharmaceutical manufacturers last year. Excluding these divestments, pre-tax profits rose 15.6 per cent to DM406.9m.

Its turnover, bolstered by AAI's first full-year results as a subsidiary, rose 11.8 per cent to DM21.425bn. AAI's turnover rose 51.6 per cent to DM4.467bn – the figure for 1995 was over nine months. Lloyds' pharmacy and wholesaling activities are expected to achieve a turnover of DM1.700bn (\$625m) over this year.

● Lloyds Chemists will be using Paragon Software Systems to plan the most efficient routes for deliveries to its pharmacies. The software, according to Paragon, will enable Lloyds to use fewer vehicles to make its deliveries. The contract is worth about \$100,000. Paragon has been working with Lloyds since last year, although the latest contract was agreed before Gehe acquired the company.

Murrays acquires three pharmacies

Murrays Chemists has acquired three pharmacies – two in Dudley and one in Shrewsbury – bringing its total number of stores to 15.

The chain is moving away from toiletries to concentrate on healthcare and other associated lines, such as herbal medicines and aromatherapy.

Paul Knight, operations director, said herbal medicines were ideal for pharmacies because they offered better margins than toiletries and complemented the idea of pharmacists being healthcare professionals.

Wilson committed to trial

Nottingham Magistrates Court has committed Kevin Wilson, former managing director of Crookes Healthcare, to trial at Nottingham Crown Court.

Medisport acquires Volcano

Petersfield-based Medisport International has acquired Volcano International, a Swedish company that produces Vulkan sports and medical products. Medisport will market its own-brands and Volcano's together.

Zomig approved in Sweden

Zeneca Pharmaceuticals has received approval from Swedish regulatory authorities to market Zomig, its oral treatment for acute migraine. The brand was approved in the UK this month.

New address for BRC

The British Retail Consortium has moved to a new address: 5 Grafton Street, London W1X 3LB. Tel: 0171 647 1500.

\$1 million fraud charges

US Federal prosecutors have charged Lars Bildman, former president of Astra's US business, with defrauding the company of more than \$1 million. It is alleged he used the money to charter yachts, where he was entertained by prostitutes.

Not proven

Boehringer Ingelheim claims that a international study of two clot-dissolving agents, involving 15,060 patients, has failed to prove that Reteplase, a recently-marketed drug to combat heart attacks, is better than Alteplase, Boehringer's thrombolytic. Reteplase is marketed by Boehringer Mannheim, which sponsored the study.

Skyepharma confident about 'black box' future

Skyepharma suffered a loss of \$11.7 million on ordinary activities, before interest and tax, for the 17 months to December 31 – the company changed its financial year-end after it acquired Jago Holdings.

The group's pharmaceutical business made a loss of \$5.8m and it spent \$5.7m on acquisitions. But the company is feeling confident about the future, partly

because it is dealing with 11 'black box' projects – three new chemical entities and eight improvements – whose clients include Smithkline Beecham, Abbott Laboratories, Bristol-Myers Squibb and Hoffman LaRoche.

Jago Pharma, Skyepharma's drug delivery subsidiary, announced this week that it had two agreements with Intercardia

– a US company specialising in cardiovascular disease – to develop and license a once-daily formulation of Bucindolol, a non-selective beta-blocker, using Jago's Geomatrix oral control release technology.

Under the agreements, Jago will receive development fees, milestone payments and royalties on Bucindolol's worldwide sales.

3M Healthcare blocks dressings repackaging

3M Healthcare has prevented sales of incorrectly-labelled and repackaged Tegaderm dressings by Stephar UK, a parallel importer. It was claimed that some of the dressings had the wrong instructions inside and had not been made by 3M in the UK.

Following legal action from 3M, Stephar has agreed to:

- stop repackaging 3M Tegaderm incorrectly
- hand over its repackaged stocks
- pay 3M an undisclosed sum in compensation.

Pharmacists who are offered or are aware of mislabelled 3M Tegaderm dressings are advised to call 3M on 01509 613081.

Scotia shares rally after year-end results

Scotia Holdings' operating loss rose 54 per cent to \$20.548 million for the year to December 31, compared with that of 1995.

The company's research and development costs, which rose 22 per cent to \$19.5m, accounted for a large portion of the loss. Its selling and distribution costs grew 75 per cent to \$6.3m, as it built up the infrastructure it needs to market new products. It also invested "significant resources" in Lipidteknik, the drug delivery subsidiary it acquired in 1995.

Scotia's biggest blow came this month, when the Medicines Control Agency said it would not approve Tarabetic, the company's treatment for diabetic neuropathy. Scotia's shares consequently suffered – last

week they fell nearly 15p to 380p. However, they rose 40p to 419p following Scotia's results, which suggests the company is winning back investors' confidence.

The company said it was preparing a response to the MCA's announcement, which would be reviewed by the Medicines Commission, which has the power to make a final recommendation to the Licensing Authority.

During the year, Scotia's income from product sales and pharmaceuticals rose 5 per cent to \$16.4m, while its pharmaceutical revenues grew 3 per cent to \$8m. However, its gross profits fell 9.4 per cent to \$6.7m because of pressure on its pharmaceutical and nutritional margins.

Rival mum to be pharmacy pack launches rescheduled

Babydays and First Essentials, which are launching rival mother to be packs for pharmacies, have rescheduled their launch dates.

Babydays' launch, originally due on March 1, has been put back to April 28. The company said overwhelming demand from pharmacists meant it had to give manufacturers more time to supply products for the packs.

It claims to have signed up about 2,000 independent pharmacies and a similar number

belonging to chains. It aims to involve 5,000 altogether.

About 15 manufacturers have pledged to supply products. These include Jackel International, Tommee Tippee, Cow & Gate, Milupa, Australian Bodycare and Goldshield Healthcare.

First Essentials had hoped to launch its pack in May, but is now looking to June/July. John Kerry, one of its directors, said that this was because it had to meet the quality requirements of various

'centres of excellence', such as baby friendly hospitals.

The company said about 1,500 pharmacies, which include Unichem, National Co-op, Moss Chemists, Vantage and Hills, had agreed to stock its packs. Elida Fabergé is one of about seven manufacturers which have pledged to supply products.

Pharmacists interested in distributing the packs can contact Babydays on 01392 127999 and First Essentials on 0118 981 9112.

Restructure hits Scholl profits

Scholl, the foot care and footwear group, suffered a loss of \$15.313 million last year because of restructuring costs amounting to \$35.7m.

Excluding the exceptional costs, Scholl's pre-tax profits rose 13.8 per cent to \$20.6m on a turnover of \$211.9m. Its foot care/footwear turnover grew 10 per cent.

As the group continues to focus on its Scholl brand, Stuart Wallis, its chairman, admitted this year would be a "challenging one". But, he said, the outcome would be satisfactory.

Direct Perception floats prescription spectacle scheme

Direct Perception has launched a prescription spectacles service for pharmacists to compete with that already available through Unichem.

Peter Philips, DP's chief executive, said it had been planning the scheme for some time and had been spurred into action by Unichem's move. "If someone is going down that road, I'm sure we could do it better," he said. Mr Philips said the new scheme is available nationwide and could comfortably cope with orders from at least 600 pharmacies.

Under DP's package, a pharmacist pays \$265 for a compact stand of 30 selected Prescription only frames, some measuring and adjusting equipment, and a training manual and video. A helpline is also available. Having taken the customer's measurements, the pharmacist sends the order and the customer's prescription to DP. The spectacles should arrive within two weeks. Pharmacists receive a dispensing



fee of \$6-\$18 for each pair.

DP will offer refunds (minus \$25 for administration costs) to pharmacists who return the package, in a resaleable condition, within 120 days.

Direct Perception Ltd. Tel: 0181 518 2685.

Aromatherapy definitions from the ATC

The Aromatherapy Trade Council has introduced definitions of essential oils designed to protect consumers.

Trading Standards will use them as quality benchmarks to prosecute companies which 'pass off' dilutions or blends of oils as pure essential oils. The definitions are:

● an Essential Oil is an aromatic, volatile substance usually extracted by distillation or expression from a single botanical species. Once the primary process of distillation or expres-

sion has been completed, nothing further should be added

● an Absolute is an aromatic, volatile substance obtained by solvent extraction from a single botanical species, eg rose absolute. Once the primary process of solvent extraction has been completed nothing further should be added

● an Aromatherapy Oil is a blend of undefined percentages consisting only of dilutants and essential oils, and sometimes absolutes. An aromatherapy oil is not an essential oil.

Wockhardt's Wallis acquisition

Wockhardt, a pharmaceutical multinational, is set to launch new products in the UK following its acquisition of the Luton-based Wallis Group.

The Wallis Group and its subsidiaries specialise in private label brands, especially analgesics, while Wockhardt's products include dextropropoxyphene, captopril and dex-

tramethorphan. The multinational is also developing various products in the analgesic, anti-hypertensive, anti-ulcer and antibiotic fields.

Wallis says it will benefit from Wockhardt's sheer size. The latter's market capitalisation is estimated at \$225 million and its annual turnover is about \$50m. It already has operations in the UK.

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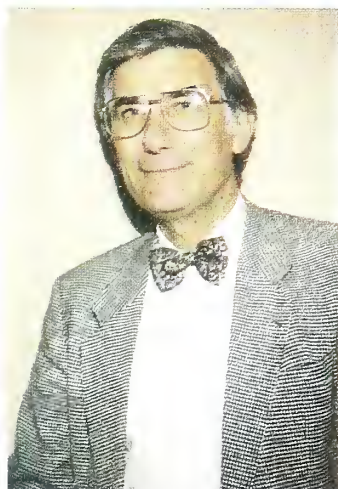
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ABOUT people



Sandy Florence: honoured by FIP

Top honour for dean Florence

The dean of the School of Pharmacy, London, Professor Sandy Florence, has been awarded this year's International Pharmaceutical Federation's top academic award.

Chairman of the board of pharmaceutical sciences, Professor Benet says: "The award committee chose to present the Host-Madsen medal to Professor Florence in recognition of his outstanding research accomplishments in physical pharmaceutical chemistry, drug delivery systems and for his work on particulate uptake from the gut."

Professor Florence will receive his gold medal at the FIP Congress's opening session in Vancouver, Canada, in September. After the presentation, he will give the traditional Host-Madsen lecture.

Professor Florence says that international recognition of his group's work from scientific colleagues makes all the effort worthwhile.

The Host-Madsen medal is donated by the Danish Pharmaceutical Association and is the oldest FIP award.



Ann Lewis, past president of the Royal Pharmaceutical Society, was presented with her OBE at Buckingham Palace last week. Following the award ceremony, she and members of her family had lunch with RPSGB president Ian Caldwell at the Society's Lambeth headquarters

APPOINTMENTS

New face for Society's PR office

The Royal Pharmaceutical Society has appointed another public relations officer, following an increase in resources as part of the New Age initiative.

Julie Moar joined the Society on March 17. She has nine years' PR experience in charity and the parliamentary lobbying sector, and will help to promote awareness of pharmacy through national and local media. She was previously with the Royal Beneficent Association and, prior to that, the British Road Federation.

Beverly Parkin still heads the unit, while Amanda King specialises in publications and printed materials, and Claire Martin is the PR assistant. All four are available to deal with members' queries.

AAH's newly-appointed group human resources director, **Graham Kershaw**, will be responsible for integrating the group's recent takeover of Lloyds.

Medical Headcount has made **Graham Bell** its new managing director. He was previously market development director at RDL.

John Richardson Computers has appointed two new staff, **Diane Heys** and **Deborah Lloyd**, to the company's sales team. Ms Heys has 11 years' experience in computer sales and training. Ms Lloyd's background is in sales and retailing.

The Privy Council has announced the appointment of **Professor Brian Edwards CBE** as the chairman of the Council for Professions Supplementary to Medicine. He is professor of healthcare development at the School of Health Related Research at the University of Sheffield.

Marathon men out to raise money



Runner Peter Watson

Two more pharmacists have emerged from behind their counters as runners in this year's London Marathon.

Peter Watson of Millards Chemist, Shanklin, Isle of Wight, is 'bearly' able to restrain his excitement - he is taking part with Rupert's Runners, named after mascot Rupert the Bear, to raise money for the Muscular Dystrophy Group.

Mr Watson says that his training comprises of a five- or six-mile run every evening. Once a week he trains with running club Ryde Harriers. On Sundays, he manages a further 15-18 miles.

Anyone wishing to sponsor Mr Watson can contact him on 01983 862562.

Locum pharmacist Frank Meaby, from Bognor Regis, is entering his sixth London Marathon, this time for the Catholic Agency for Overseas Development.

He belongs to the Chichester Runners, and trains with them on longer runs. He has been preparing since Christmas and is now covering 50 miles a week.

His best time for the London Marathon is three hours and 30 minutes. This year, he aims to finish in about three hours and 40 minutes. Anyone wishing to support Mr Meaby's charity should send a cheque made payable to CAFOD to 9 Hamilton Gardens, Bognor Regis, Sussex PO21 4EQ.

COMING EVENTS

TUESDAY, APRIL 1

Bath & District Branch, RPSGB

Gainsborough Room, Pratts Hotel, Bath, 8.00pm. 'Continence promotion and the role of the continence adviser' by Marlene Powell, continence adviser, Continence Promotion Unit, St Mar-

tins Hospital.

THURSDAY, APRIL 3

Bath & District Branch, RPSGB

Southmead Post-grad Medical Centre, 7.30 for 8.00pm. 'City life-saver training - Cardio-pulmonary resuscitation' (casual clothes as this is a practical session).

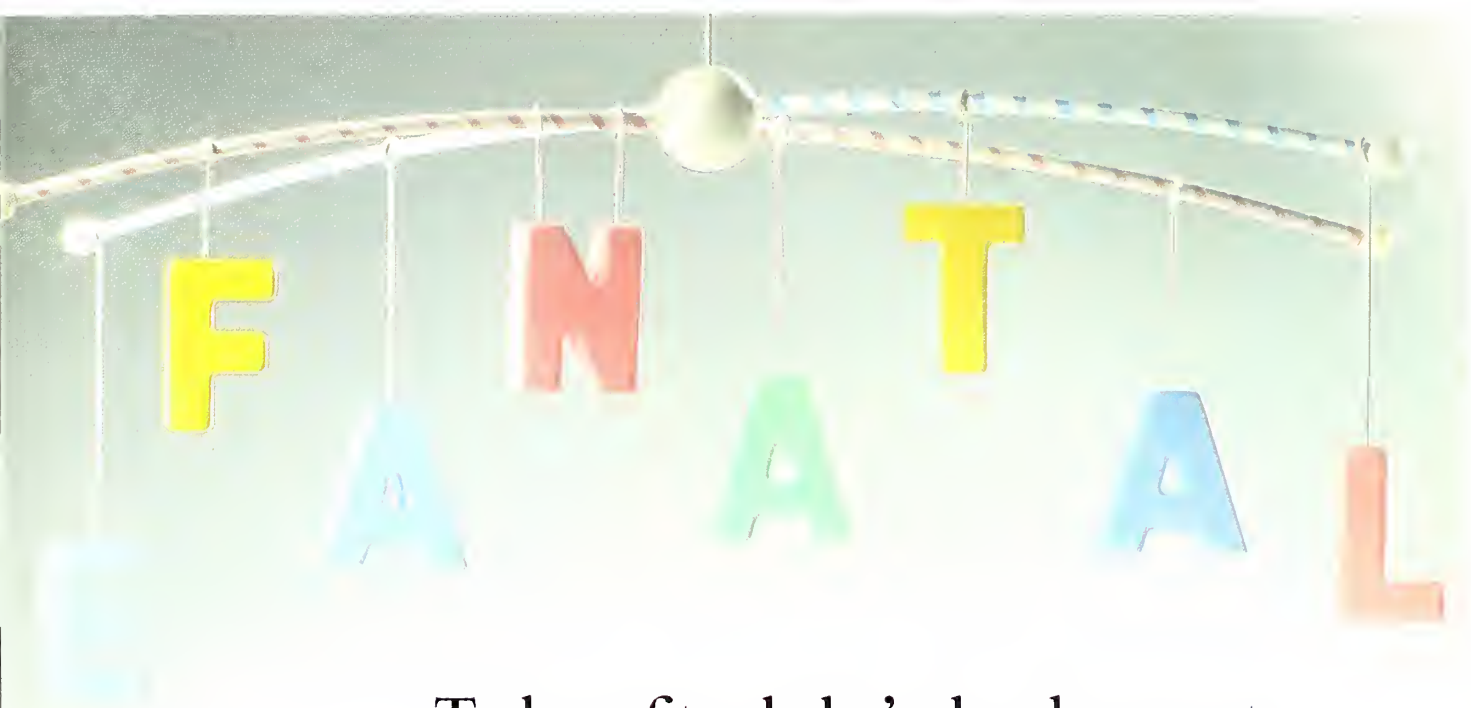
Putting pharmaceutical pens up for auction

Pharmacist Avril Blasebalk is organising a postal auction of drug industry pens to raise money for Birdsgrove House.

Over the past five years, Mrs Blasebalk has amassed 800 pens

from drug company representatives. All are in mint condition.

She is appealing to pharmacists to send any rare or unusual pens to Prosser & Co Pharmacy, 20 Broadway, Roath, Cardiff.



To benefit a baby's development,
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As you know, a good diet is important to pregnant and lactating mothers as well as to those planning pregnancy. Certain nutrients in particular are considered vital for the baby's healthy development during and after pregnancy. So it is important to ensure that the mother's diet is sufficient in long-chain polyunsaturated fatty acids (LCPs), for both her and her baby.

Now a new school of thought has emerged from recent research¹, suggesting that two LCPs especially are important in the development of a baby's eye and brain function. These are Docosahexaenoic Acid (DHA) and Arachidonic Acid (AA). Breast milk naturally contains high levels of both, plus Gamma Linolenic Acid (GLA), which converts to AA in the body. However, the breast milk contains depends on the mother's diet². As the baby's supply depends upon the mother's, a good intake of LCPs is crucial, especially during the latter stages of pregnancy and during breastfeeding when the baby's brain growth is rapid.

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Hes M et al. Long-Chain Polyunsaturated Fatty Acid: Essential nutrient in infants. *Lancet* 1995; 345: 465-468.
Gibson R, Neumann M and Gibson R. Effect of maternal docosahexaenoic acid (DHA) supplementation on breast milk composition. *Am J Clin Nutr* 1996; 63: 47-51.
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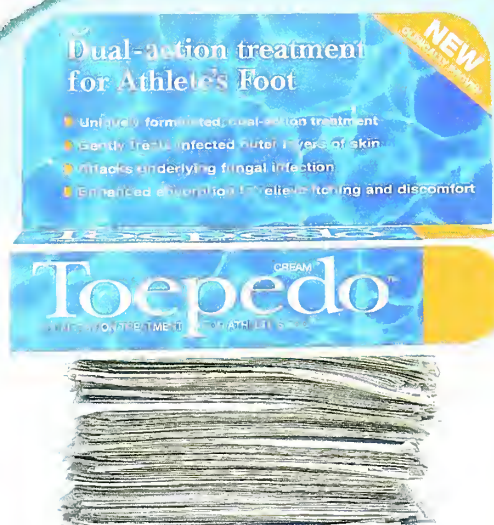
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